THE LANCET,

FOR

MDCCCXLII.—XLIII.

In Two Volumes.

VOLUME THE FIRST.

EDITED

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THE LANCET.

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PREFACE.

What are the subjects which claim the attention of the medical practitioners of Great Britain and Ireland at the commencement of the medical session of 1842 and 43? Do they consist of new and valuable discoveries in our important science? Are they to be seen in the abuses still existing in our hospitals and infirmaries? Are they to be traced in the defective system of government which has so long disgraced our medical colleges? Are they to be ascertained by referring to the imperfect nature of the modes of instruction which are adopted in the majority of our medical schools? Are they to be found in the still distracted state of the profession, and in the conflicting opinions which are violently proclaimed by the leading members of our numerous medical associations? Not, certainly, in any one particular set, or class, of such acts, grievances and misfortunes, but, taking them altogether, we find, in the aggregate, the elements of that great question which ought to influence the mode of thinking, the habits, and the conduct of every physician, surgeon, and apothecary in this country. They constitute the question of questions—that of MEDICAL REFORM. When that is mentioned, all other subjects sink into insignificance. It is no longer disputed that misgovernment, generated and cherished by defective medical laws, is at once the foul and odious source of all the grievances which vex, injure, and harass the profession.

In contemplating the depth and impurity of the origin of so many physical and moral evils, how happens it that such a filthy fountain has been so long permitted to diffuse its corrupt streams over the fair and beautiful field of medical science? That question admits of only one answer. The disgraceful fact, it must be confessed, is owing to the apathy of a large number of the profession, to the want of unanimity of a not inconsiderable section of medical men, to the treachery and avarice of some other divisions of the professional body, and to the unworthy views which influence the actions of the ruling authorities in the majority of our incorporated medical institutions. Plainly speaking, we may fearlessly assert that the profession is not true to itself. Weakness, dishonour, insult, and injury, are the daily fruits of this unhappy and deplorable condition of the medical community in this empire. Can the members of the profession, while they are thus situated, although amounting to twenty thousand in number, expect to profit by an appeal to the Legislature of the kingdom? An *appeal* did we say? Rather, we should exclaim, by distracted, opposing, conflicting appeals,—by petitions for remedies, of such a contradictory character, that honest, well-disposed statesmen cannot understand their force, applicability, or tendency. In, therefore, this frightful disunion of the profession there may be discovered at once,

without error, the inevitable cause of its weakness. The puerility of such an immense body of educated men is exceedingly discreditable. How monstrous is it that twenty thousand medical practitioners, exercising the most useful, humane, and benevolent functions throughout all ranks and classes of society, when called upon to act as a body, cannot exercise an influence over the Legislature equal to that which is produced by the knavish and corrupt dotards of a single rotten medical college. The profession, through the instrumentality of some of its associations, has demanded of the Executive Government and the Legislature a law which shall enable its members to elect the governing council of a confessedly NATIONAL INSTITUTION. That wise and judicious demand is counteracted by others of an opposite description, proceeding from societies which also boast of the stimulus of honourable intentions.

While the non-incorporated disputants are thus engaged, urging their conflicting views, the self-elected Councils of the worthless Colleges obtain the attention of the Ministry, and the astounding proclamation is made by a SECRETARY OF STATE that new powers are to be awarded to an institution which ought to be deprived of every deliberative and executive function. All the demands of the great body of the profession are thus set aside for the purpose of complying with an application, secretly conceived, and privately made, for bestowing additional powers and honours upon an odious fraction of the professional body. In this act no independent and intelligent person can fail to discover that an insult is offered by the Governmen to a vast majority of the medical practitioners of this realm. But it is precisely that kind of insult which is sure to be offered to a large body of persons when they are weak and impotent in consequence of their *disunion*. As a body, what influence does the profession exercise over the Ministry, or in Parliament? Examine the origin and progress of the Poor-law and other questions. Did the grievances give way, or subside, before the often-repeated complaints of thousands of English surgeons? On the contrary, the evils appeared to take deeper root, and to fasten more firmly into the mischievous foundations of the system. At a moment, however, when the feeling of discontent was at its height, when the voice of anger had become loud and universal, out came *one* member of the profession, noted for his modesty and retiring disposition, informing the world, in a published statement, with that diffidence of style of manner which are peculiarly his own, that HE, an individual, had obtained *justice* for the profession; that the medical abuses under the Poor-law had ceased to exist; that they could only be spoken of in the past tense, and therefore merely formed the materials of history. Years of agitation, scores of medical societies, hundreds of discussions, petitions to Parliament, and memorials to Government,—all these public exhibitions and efforts produced *no effect*; but a reform of medical abuses under the Poor-law is the *immediate* result of an application, in an influential quarter, made by the small still voice of GEORGE JAMES GUTHRIE, our old friend, "the modest author."

Still there is a confession from GEORGE JAMES that detracts greatly from the value of the boon which he has the folly to believe that the profession has obtained. What he *did* procure was not even an acknowledgment of the justice of the demands which the profession had previously urged. It was only a concession to the "private influence" which the wheedling and winning ways of the "modest author" had acquired over the mind of a certain POOR-LAW COMMISSIONER. The following passage, extracted from the letter of Mr. GUTHRIE, which was published in No. 17, vol. ii., of THE LANCET for 1841-42, must remove all doubt on the subject. He says, "I have been very fortunate in having some "*private influence* with Mr. G. LEWIS, which has enabled me to press my representations "in a manner which I could not otherwise have done, and I am thankful it has been of "use." And, then, in another part of the same letter we find the following passage:—"I

"might, if I pleased, congratulate myself upon being, and having been, *the most successful* "*reformer in the profession*, although I admit that many have talked and written a great "deal more about abuses in the profession than I have done, although no one has had the "good fortune to remove so many."

The extraordinary efforts of this great MEDICAL LUTHER, we shall have other occasions for noticing. But we would ask, what stronger proof of its own miserable and disgraceful weakness can the medical profession require, than the fact which GEORGE JAMES GUTHRIE has so modestly proclaimed, namely, that his PRIVATE INFLUENCE with a POOR-LAW COMMISSIONER,—a person acting under the direct authority of the SECRETARY OF STATE,—obtained for the profession an advantage which the demands of *thousands* of the members had not sufficient power or authority to acquire for themselves. The value of the thing obtained is not at this moment under consideration. We are quite at issue with GEORGE JAMES on that subject, and we could, in a very few sentences, dispose of the basis of all his vain and idle boasting. Nevertheless, it is broadly announced by the "modest author" and ex-President of the College of Surgeons, that, by making a visit from the institution in Lincoln's Inn Fields to a government office at Somerset House, Strand, and taking upon himself the important character of EARWIG, his "private influence" enabled him to succeed with a POOR-LAW COMMISSIONER, when the efforts of the profession had altogether failed to produce a similar result.

If this state of things be permitted to continue, the profession will have no right to claim the sympathy of the public. For TWENTY THOUSAND educated medical practitioners thus to see advertised, by one of their own body, the evidence of their shame and impotence, is assuredly sufficient to arouse the most apathetic from their slumbers, and to force them into a combination of all the controllable elements of moral and intellectual power. Being *organised*, and acting in *union*, with *one fundamental object in view*, we deny even the *possibility* of a successful opposition being made by the Executive Government to the soundly-urged demands of such an association. They who believe that the question of medical reform is one that relates simply to medical practitioners, are lamentably ignorant of the nature of that subject. If it were thus narrowed, we confess that much of its importance would vanish from our view. It is essentially a *public* question, and presses upon many, if not most, of the dearest interests of the community. The science of medicine involves the closest study of human nature, of the characteristics of man, the sources of his motives and actions, the circumstances which form his mind, and regulate his conduct, as a member of society.

Is it possible, then, to over-estimate the importance of such a science, knowing as we do that the practitioners whose judgment is thus formed, and whose feelings have been engaged and disciplined, must diffuse their opinions, and exercise a moral influence amongst thousands, aye millions, of their countrymen? Yet so distracted is the state of the profession, in consequence of the opposing interests which infamous laws have had the effect of originating and sustaining, that the "private influence" of a single "modest author" outweighs all the public efforts of thousands of the professional multitude! While, then, it is discovered and acknowledged that *disunion* is the humiliating and discreditable cause of the weakness which the profession daily exhibits, may we not again, with propriety and eagerness, ask, WHEN WILL MEDICAL PRACTITIONERS HEARTILY AND RESOLUTELY UNITE FOR THE ADVANCEMENT OF THE PUBLIC INTERESTS AND THEIR OWN SECURITY AND HONOUR? Many of the events of the past year have, we admit, been annoying, not to say discouraging, but the justice of our cause is such that reverses, instead of checking, should urge us strongly onwards in the right direction, and ensure a renewal of the most vigorous efforts for its success. The word DESPAIR is a fitting motto for the crest of an

idiot. A wise man, secure in the foundation of his knowledge, entertaining opinions, the fruits of intellectual labour and study, contemplating objects far removed from the sphere of self-interest and sordid considerations, cannot be deterred by any ordinary obstacles from steadily pursuing such a vast and noble object as that of MEDICAL REFORM. Until it has been prosecuted to a successful issue, he feels and knows that society must be deprived of numberless advantages which a properly-governed medical body could easily, and would certainly, confer. How is that proper government to be obtained? By the *united*, determined co-operation of the members of the medical fraternity.

What, then, we ask, is to be the ruling principle of the government which might be thus acquired? Every medical reformer knows the answer;—the principle of REPRESENTATION. We inquire, *will* the profession UNITE, for the purpose of obtaining the ascendancy of that principle? There is already *one* union formed. Small are the numbers which compose it, but is it great and powerful as an instrument of mischief and professional annoyance. It sounds frightfully. The *union* of the COLLEGE OF PHYSICIANS and the SECRETARY OF STATE FOR THE HOME DEPARTMENT!

With such an agency in operation, *apathy* is the precursor of certain, inevitable ruin. Why, what drivelling, paltry doltishness is it to whine, and cry, and complain of grievance after grievance, and yet neglect to adopt the ready means of safety and protection! How can they expect help from others who will not help themselves? The indifference which is manifested by great numbers of the profession is absolutely criminal, and a continuance of such a disgraceful exhibition will deprive them of all ground of sympathy on the part of the public and Parliament, and establish one unmitigated feeling of disgust towards a profession which can thus betray its own interests, and slumber, with a slave-like truculence and listlessness, under a heavy burden of collegiate and professional abuses.

ACCOUNT OF THE

HOSPITALS AND SCHOOLS OF MEDICINE IN LONDON;

For the Session of 1842-3, commencing October 1, 1842.

In giving an account of the Hospitals and Medical Schools, and of the Collegiate and other Regulations, which are open and in force for the newly-commencing Session, we shall follow the plan of former years. The position of the hospital and the theatre of anatomy which the student may attend, must determine all other arrangements in London, with few exceptions. His comfort and the economy of his time are materially involved in his keeping to their neighbourhood.

UNIVERSITY OF LONDON.

ABSTRACT OF REGULATIONS FOR THE DEGREE OF BACHELOR OF MEDICINE.

Candidates are required—

To have been engaged during four years in their professional studies at one or more of the Institutions or Schools recognised by the University.

To have spent one year, at least, of the four, in one or more of the recognised Institutions or Schools in the United Kingdom.

To pass two Examinations.

For the First Examination, which takes place once a-year, and commences on the first Monday in July, the Candidate is required to produce certificates—

Of having completed his nineteenth year.

Of having taken a Degree in Arts in the University, or in a University the Degrees granted by which are recognised by the Senate of the University; or of having passed the Matriculation Examination.

Of having been a Student during two years at one or more of the Medical Institutions or Schools recognised by the University, subsequently to having taken a Degree in Arts, or passed the Matriculation Examination.

Of having attended a course of lectures on each of four of the subjects in the following list:—

Descriptive and Surgical Anatomy; General Anatomy and Physiology; Comparative Anatomy; Pathological Anatomy; Chemistry; Botany; Materia Medica and Pharmacy; General Pathology; General Therapeutics; Forensic Medicine; Hygiene; Midwifery and Diseases peculiar to Women and Infants; Surgery; Medicine.

Of having dissected during nine months.

Of having attended a course of Practical Chemistry.

Of having attended to Practical Pharmacy during a sufficient length of time to enable him to acquire a practical knowledge in the Preparation of Medicines.

The fee for the Examination is £5.

Candidates to be examined in the following subjects:—

Anatomy and Physiology; Chemistry; Structural and Physiological Botany; Materia Medica and Pharmacy, by written answers.

Anatomy and Physiology, by *viva voce*, and Demonstrations from Preparations, and from the recent subject.

Chemistry, Materia Medica, and Pharmacy, by *viva voce*, and Demonstrations from Specimens.

The Second Examination takes place once a-year, and commences on the third Monday in July.

No Candidate is admitted to this Examination within two academical years of the time of his passing the first Examination, nor unless he produces certificates—

Of having passed the first Examination.

Of having, subsequently to having passed the first Examination, attended a course of lectures on each of two of the subjects comprehended in the list, and for which the Candidate had not presented certificates at the first Examination.

Of having, subsequently to having passed the first Examination, dissected during six months.

Of having conducted at least six labours.

Of having attended the medical practice of a recognised hospital, or hospitals, during twelve months, and lectures on Clinical Surgery.

Of having attended the surgical practice of a recognised hospital, or hospitals, during other twelve months, and lectures on Clinical Medicine.

Of having, subsequently to the completion of his attendance on Surgical and Medical Hospital Practice, attended to Practical Medicine in a recognised hospital, infirmary, or dispensary, during six months.

The fee for this Examination £5.

Candidates to be examined in the following subjects:—

Physiology; General Pathology; General Therapeutics; Hygiene; Surgery; Medicine; Midwifery; Forensic Medicine.

REGULATIONS OF THE

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

Every Candidate for a Diploma in Medicine, upon presenting himself for examination, shall produce satisfactory evidence—

1. Of unimpeached moral character;
2. Of having completed the twenty-sixth year of his age; and
3. Of having devoted himself for five years, at least, to the study of medicine.

The course of study thus ordered by the College, comprises,—

Anatomy and Physiology; the Theory and Practice of Physic; Forensic Medicine; Chemistry; Materia Medica and Botany; and the Principles of Midwifery and Surgery.

With regard to practical medicine, the College considers it essential that each Candidate shall have diligently attended, for three entire years, the Physicians' practice of some general hospital in Great Britain or Ireland, containing at least one hundred beds, and having a regular establishment of physicians as well as surgeons.

Candidates who have been educated abroad will be required to show that, in addition to the full course of study already specified, they have diligently attended the Physicians' practice in some General Hospital in this country for at least twelve months.

Candidates who have already been engaged in practice, and have attained the age of forty years, but have not passed through the complete course of study above described, may be admitted to examination upon presenting to the Censors' Board such testimonials of character, general and professional, as shall be satisfactory to the College.

The first examination is in Anatomy and Physiology, and is understood to comprise a knowledge of such propositions in any of the physical sciences as have reference to the structure and functions of the human body.

The second examination includes all that relates to the causes and symptoms of Diseases, and whatever portions of the collateral sciences may appear to belong to these subjects.

The third examination relates to the treatment of Diseases, including a scientific knowledge of all the means used for that purpose.

The three examinations are held at separate meetings of the Censors' Board. The *viva voce* part of each is carried on in Latin, except when the Board deems it expedient to put questions in English, and permits answers to be returned in the same language.

The College is desirous that all those who receive its diploma should have had such a previous education as would imply a competent knowledge of Greek, but it does not consider this indispensable, if the other qualifications of the Candidate prove satisfactory; it cannot, however, on any account, dispense with a familiar knowledge of the Latin language, as constituting an essential part of a liberal education; at the commencement, therefore, of each oral examination, the Candidate is called on to translate *viva voce* into Latin a passage from Hippocrates, Galen, or Aretæus; or, if he declines this, he is, at any rate, expected to construe into English a portion of the works of Celsus, or Sydenham, or some other Latin medical author.

In connection with the oral examinations, the Candidate is required, on three separate days, to give written answers in English to questions on the different subjects enumerated above, and to translate in writing passages from Greek or Latin books relating to medicine.

These who are approved at all these examinations will receive the following diploma under the common seal of the College:—

Sciant omnes, Nos, A. B. Præsidentem Collegii Medicorum Londinensis, unà cum consensû Sociorum ejusdem, auctoritate nobis a Domino Rege et Parliamento commissâ, examinâsse et opprobâsse ornatissimum virum, T. S. et ei concessisse liberam facultatem et licentiam tam docendi quam exercendi scientiam et artem medicam, eidemque summis honoribus et titulis et privilegiis, quæcunque hic vel alibi Medicis concedi solent, intra auctoritatis nostræ limites frui dedisse. In cujus rei fidem et testimonium, adjectis Censorum et Registrarii chirographis, sigillum nostrum commune præsentibus apponi fecimus, datis ex ædibus Collegii die mensis anno Domini millesimo octingentesimo.

(Signed)

Censores.

Registrarius.

THE REGULATIONS OF THE

ROYAL COLLEGE OF SURGEONS IN LONDON.

(The College is situated in Lincoln's-Inn-Fields.)

Amended October 14, 1841.

I. Candidates will be required, in addition to a Certificate of being not less than twenty-one years of age, to bring proof

1. Of having been engaged in the acquirement of professional knowledge for not less than four years; during which period they must have studied Practical Pharmacy for six months, and have attended one year on the Practice of Physic, and three years on the Practice of Surgery, at a recognised Hospital or Hospitals in the United Kingdom;*—three months being allowed for a vacation in each year.

* By a Resolution of the Council on the 7th of November, 1839, no Provincial Hospital will in future be recognised by this College which contains fewer than 100 Patients, and no Metropolitan Hospital which contains fewer than 150 Patients.

2. Of having studied Anatomy and Physiology, by attendance on Lectures and Demonstrations, and by Dissections, during three Anatomical Seasons or Sessions, extending from October to April inclusive.

3. Of having attended at least two Courses of Lectures on the Principles and Practice of Surgery, delivered in two distinct periods or seasons, each Course comprising not less than 70 Lectures:—and one Course of not fewer than 70 Lectures, on each of the following subjects, viz., the Practice of Physic—Chemistry—Materia Medica—and Midwifery with Practical Instruction.

II. Members and Licentiates in Surgery of any legally-constituted College of Surgeons in the United Kingdom, and Graduates in Surgery of any University requiring residence to obtain Degrees, will be admitted for examination on producing their Diploma, Licence, or Degree, together with proofs of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in Medicine of any legally-constituted College or University requiring residence to obtain Degrees, will be admitted for examination on adducing, together with their Diploma or Degree, proof of having completed the anatomical and surgical Education required by the foregoing Regulations, either at the School of the University where they shall have graduated, or at a recognised School or Schools in the United Kingdom.

IV. Certificates will not be recognised from any Hospital unless the Surgeons thereto be members of one of the legally-constituted Colleges of Surgeons in the United Kingdom; nor from any School of Anatomy, Physiology, or Midwifery, unless the respective teachers be members of some legally-constituted College of Physicians or Surgeons in the United Kingdom; nor from any School of Surgery, unless the respective teachers be members of some legally-constituted College of Surgeons in the United Kingdom.

V. Certificates will not be received on more than one branch of science from one and the same Lecturer: but Anatomy and Physiology—Demonstrations and Dissections—will be respectively considered as one branch of science.

VI. Certificates will not be received from Candidates for the Diploma who have studied

in London, unless they shall have registered their Tickets at the College as required by the Regulations, during the last ten days of January, April, and October, in each year; nor from Candidates who have studied elsewhere, unless their names regularly appear in the Registers transmitted from their respective Schools.

COLLEGIAL TRIENNIAL PRIZE OF FIFTY GUINEAS.

The subject for this Prize is, "The Structure and Functions of the Lungs."

Candidates to be Members of the College, not of the Council.

The Dissertations to be in English, and to be distinguished by a motto or device, accompanied by a sealed paper, containing the name and residence of the Author, and having, on the outside, a motto or device corresponding with that on the Dissertation.

The Dissertations to be addressed to the Secretary, and delivered at the College before Christmas-day, 1842.

The Manuscript Prize Essay, with every accompanying drawing and preparation, will become the property of the College: the other Dissertations, and their corresponding sealed papers, will be returned upon authenticated application within the period of three years; after which period the papers containing the names of the respective Authors will be burned, unopened, and the Manuscripts will become the property of the College.

JACKSONIAN PRIZE OF TWENTY GUINEAS.

The Prize-subject for the year 1843 is, "Derangements in the Secretion of Urine, their Causes, Consequences, and Treatment."

Candidates to be Members of the College, not of the Council.

The Dissertations to be addressed to the Secretary, and delivered at the College before Christmas-day, 1843.

There are two Prize-subjects for the year 1842, viz., "The Comparative Value of the Preparations of Mercury and Iodine in the Treatment of Syphilis," and "Injuries and Morbid Affections of the Maxillary Bones, including those of the Antrum;" the Dissertations upon which must be delivered at the College before Christmas-day next.

ABSTRACT OF

REGULATIONS OF APOTHECARIES' HALL.

(*The Hall is situated in Union-street, Blackfriars.*)

The Examiners at this Institution require candidates for examination for a certificate of qualification to practise as an apothecary, to produce testimonials—

1. Of having served an apprenticeship of not less than five years to an apothecary.
2. Of having attained the full age of twenty-one years.
3. Of good moral conduct.
4. And of having passed a course of medical study in conformity with the regulations of the Court.

Students whose attendance on lectures shall commence, or has commenced, on or after the 1st of October, 1835, will be required to produce certificates of having attended, during three Winter and two Summer Sessions, lectures in the following order, and medical practice from the commencement of the second to the termination of the third Winter Session.

(The Winter Medical Session is to be understood as commencing on the 1st of October, and terminating in the middle of April, with a recess of fourteen days at Christmas; the Summer Session as commencing on the 1st of May, and ending on the 31st of July.)

First Winter Session.

Chemistry.
Anatomy and Physiology.
Anatomical Demonstrations.
Materia Medica and Therapeutics.

Second Winter Session.

Anatomy and Physiology.
Anatomical Demonstrations.
Dissections.
Principles and Practice of Medicine.
Midwifery.
Medical Practice of an Hospital.

First Summer Session.

Botany; and such other branches of study as may improve the student's general education.

Second Summer Session.

Botany, if not attended during the first Summer Session.
Forensic Medicine.
Midwifery, with attendance on Cases.
Medical Practice of an Hospital.

Third Winter Session.

Dissections.	Midwifery, with Cases, if two courses have not already been attended.
Principles and Practice of Medicine.	Medical Practice of an Hospital or Dispensary.

The Student is required to attend the medical practice of a recognised hospital, from the commencement of the second Winter to the termination of the Second Summer Session, and from that time to the end of the Third Winter Session, at an hospital or recognised dispensary. Midwifery after the first Summer Session. The sessional course of instruction in each subject of study is to consist of not less than the following number of Lectures :—

One hundred on Chemistry.
One hundred on Materia Medica and Therapeutics.
One hundred on the Principles and Practice of Medicine.
Sixty on Midwifery and the Diseases of Women and Children.
Fifty on Forensic Medicine.
Fifty on Botany.

The number of Lectures on Anatomy and Physiology, and of Anatomical Demonstrations, must be in conformity with the regulations of the Royal College of Surgeons of London.

The Lectures required in each course must be given on separate days. An examination of an hour's duration will be deemed equivalent to a Lecture.

Students must bring testimonials of instruction in Practical Chemistry, of a course of Clinical Lectures, and such instruction in Morbid Anatomy as may be afforded them during their attendance at an hospital, and of having dissected the whole of the human body once at least.

The above course of study may be extended over a longer period than three Winter and two Summer Sessions, provided the Lectures and Medical Practice are attended in the prescribed order, and in the required sessions.

REGISTRATION.

A book is kept at the Hall of the Society for the Registration, at stated times, of the name of students, and of the lectures, hospitals, and dispensaries they attend.

All students in London are required to appear personally, and to register the several classes for which they have taken tickets; and those only will be considered to have complied with the regulations of the Court whose names and classes in the register correspond with the testimonials of the teachers.

The book will be open for the registration of tickets authorising the attendance of students on lectures and medical practice, in the months of October and May; and for the registration of certificates of having *duly attended* such lectures or medical practice, in the months of April and August. Due notice of the days and hours of registration will be given from time to time.

PRELIMINARY EXAMINATION.

Students may undergo their Latin Examination at any time after their first registration, except during the months of August and September. A book is opened at the beadle's office at the Hall, for the entry of the names of those gentlemen who are desirous of undergoing this examination, to which twenty will be admitted on each successive Saturday, provided there are as many names on the list; when less than twenty names are on the list, no examination will take place. Candidates must attend at half-past three o'clock, and those who fail to pass this examination satisfactorily, will not be readmitted until they appear for their general examination.

EXAMINATION.

The examination of the candidate for a certificate of qualification to practise as an apothecary will be as follows :—

In translating portions of the first four books of Celsus de Medicinâ, and of the first twenty-three chapters of "Gregory's Conspectus Medicinæ Theoreticæ."

In Physicians' Prescriptions, and the "Pharmacopœia Londinensis;"

In Chemistry;

In Materia Medica and Therapeutics;

In Botany;

In Anatomy and Physiology;

In the Principles and Practice of Medicine. This branch of the examination embraces an inquiry into the pregnant and puerperal states; and also into the diseases of children.

By the 22nd section of the Act of Parliament, no rejected candidate for a certificate to practise as an apothecary, can be re-examined *until the expiration of six months* from his former examination.

ORDER OF ATTENDANCE ON LECTURES, &c.

FOR THE OBSERVANCE OF THOSE WHO

INTEND TO PASS BOTH THE HALL AND THE COLLEGE.

The following scheme indicates the "order of study" to be observed in complying at one and the same time with the regulations of both the Apothecaries' Society and the College of Surgeons.

First Winter Session.

Chemistry.
Anatomy.
Physiology.
Anatomical demonstrations in the dissecting-rooms.
Materia medica and therapeutics.*
Principles and practice of surgery.
Surgical practice of an hospital.

First Summer Session.

Botany.
Surgical practice of an hospital.

Second Winter Session.

Anatomy.
Physiology.
Anatomical demonstrations in the dissecting-rooms.
Dissections.
Midwifery and diseases of women and children.*
Principles and practice of medicine.
Principles and practice of surgery.
Medical and surgical practice of an hospital.

Second Summer Session.

Botany, if not attended during the first Summer Session.
Forensic medicine.
Practical midwifery.
Medical and surgical practice of an hospital.

Third Winter Session.

Dissections.
Midwifery and diseases of women and children.
Principles and practice of medicine.
Medical and surgical practice of an hospital or medical dispensary.

* In our list of schools the words "materia medica" are designed to indicate also *therapeutics*; and the word "midwifery" is intended to include *diseases of women and children*.

STATUTES OF THE UNIVERSITY OF EDINBURGH RELATIVE TO THE DEGREE OF M.D.

Sect. I. No one shall be admitted to the Examinations for the Degree of Doctor of Medicine who has not been engaged in medical study for four years, during at least six months of each, either in the University of Edinburgh, or in some other University where the Degree of M.D., is given; unless, in addition to three Anni Medici in an University, he has attended, during at least six winter months, the medical or surgical practice of a general hospital, which accommodates at least eighty patients, and during the same period a course of Practical Anatomy; in which case three years of University study shall be admitted.

Sect. II. No one shall be admitted to the Examinations for the Degree of Doctor who has not given sufficient evidence,—

1. That he has studied, once at least, each of the following departments of Medical Science, under Professors of Medicine in this or in some other University, as already defined, viz.:—

Anatomy,
Chemistry,
Materia medica and pharmacy,
Institutes of medicine,
Practice of medicine,
Surgery,
Midwifery and the diseases peculiar to women and children,
General pathology,
Practical anatomy (unless it has been attended in the year of extra academical study allowed by Sect. I.)

} During courses of six months.

Clinical medicine, that is, the treatment of patients in a public hospital under a Professor of Medicine, by whom lectures on the cases are given,	During courses of six months, or two courses of three months.
Clinical surgery,	During courses of at least three months.
Medical jurisprudence,	
Botany,	
Natural history, including zoology,	

2. That in each year of his academical studies in medicine, he has attended at least two of the six months' courses of lectures above specified, or one of these and two of the three months' courses.
3. That, besides the course of Clinical Medicine already prescribed, he has attended, for at least six months of another year, the medical or surgical practice of a general hospital, either at Edinburgh or elsewhere, which accommodates not fewer than eighty patients.
4. That he has attended, for at least six months, by apprenticeship or otherwise, the art of compounding and dispensing drugs at the laboratory of an hospital, dispensary, member of a surgical college or faculty, Licentiate of the London or Dublin Society of Apothecaries, or a professional chemist or druggist.
5. That he has attended, for at least six months, by apprenticeship or otherwise, the out-practice of an hospital, or the practice of a dispensary, or that of a physician, surgeon, or member of the London or Dublin Society of Apothecaries.

Sect. III. No one shall obtain the Degree of Doctor who has not studied, in the manne already prescribed, for at least one year previous to his graduation, in the University of Edinburgh.

Sect. IV. Every Candidate for the Degree in Medicine, must deliver before the 24th of March, of the year in which he proposes to graduate, to the Dean of the Faculty of Medicine,—

First. A Declaration, in his own handwriting, that he is twenty-one years of age, or will be so before the day of graduation; and that he will not be then under articles of apprenticeship to any surgeon or other master.

Secondly. A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates.

Thirdly. A medical dissertation composed by himself, in Latin or English; to be perused by a Professor, and subject to his approval.

Sect. V. Before a Candidate be examined in Medicine, the Medical Faculty shall ascertain, by examination, that he possesses a competent knowledge of the Latin language.

Sect. VI. If the Faculty be satisfied on the point, they shall proceed to examine him, either *viva voce*, or in writing; *first*, on Anatomy, Chemistry, Botany, Institutes of Medicine, and *Natural History* bearing chiefly on Zoology; and, *secondly*, on Materia Medica, Pathology, Practice of Medicine, Surgery, Midwifery, and Medical Jurisprudence.

Sect. VII. Students who profess themselves ready to submit to an examination on the first division on these subjects, at the end of the third year of their studies, shall be admitted to it at that time.

Sect. VIII. If any one, at these private examinations, be found unqualified for the Degree, he must study for another year two of the subjects prescribed in Section II., under Professors of Medicine, in this or in some other University, as above defined, before he can be admitted to another examination.

Sect. IX. Should he be approved of, he will be allowed, but not required, to print his Thesis; and if printed, forty copies of it must be delivered before the 25th day of July to the Dean of the Medical Faculty.

Sect. X. If the Candidate have satisfied the Medical Faculty, the Dean shall lay the proceedings before the Senatus Academicus, by whose authority the Candidate shall be summoned, on the 31st of July, to defend his Thesis; and finally, if the Senate think fit, he shall be admitted, on the first lawful day of August, to the Degree of Doctor.

Sect. XI. The Senatus Academicus, on the day here appointed, shall assemble at ten o'clock, a.m., for the purpose of conferring the Degree; and no Candidate, unless a sufficient reason be assigned, shall absent himself, on pain of being refused his Degree for that year.

Sect. XII. Candidates for Graduation shall be required to produce evidence of their having conformed to those regulations which were in force at the time they commenced their medical studies in an University.*

Candidates who commenced their University studies before 1825 will be exempted from the fourth year of attendance (Sect. I.), from the additional Hospital attendance (Sect. II., Art. 3), from the necessity of a year's study in Edinburgh (Sect. III.), and from any attendance on—

Clinical surgery,
Medical jurisprudence,
Natural history,
Military surgery,
Practical anatomy,
Pathology, and
Surgery distinct from anatomy.

Those who commenced between 1825 and 1831 will be exempted from attendance on General Pathology, and also on Surgery distinct from Anatomy.

Those who commenced between 1825 and 1833 will be required to attend only two of the following classes, viz.:—

Clinical surgery,
Medical jurisprudence,
Natural history,
Military surgery,
Practical anatomy.

And those who commenced before 1833 will be exempted from the attendance specified in Sect. II., Arts. 4, and 5.

N.B.—The attendance on Midwifery in an University (Sect. II., Art. I.,) is required of all Candidates.

BY-LAWS AND REGULATIONS REGARDING MEDICAL EDUCATION

AT THE

APOTHECARIES' HALL, DUBLIN.

Every Candidate must undergo two separate Examinations, one for "the certificate of apprentice," the other for "the licence to practise." No Candidate seeking to be examined for the certificate to be apprenticed to an apothecary will be admitted to such examination until he has attained the age of fifteen years.

The examination will consist in translating and parsing the following books, viz.:—the works of Sallust, the First Six Books of the Æneid of Virgil, the Satires and Epistles of Horace, the Greek Testament, the Dialogues of Lucian, and the First Four Books of Homer's Iliad; the First Six Books of Telemachus, or the History of Charles the XIIth (in French); the First Two Books of Euclid; and Algebra—to simple Equations.

Every Candidate for "the licence to practise" as an apothecary must lay before the Court the following documents:—

1. "The certificate of apprentice" obtained from the Court.

2. His indenture of apprenticeship, enrolled according to Act of Parliament, with a certificate signed by the Licentiate to whom he has been indented, that he is a good moral character, and has fulfilled the period of apprenticeship required by the Act.

3. Certificates duly signed that he has diligently attended at least one course of lectures on each of the following subjects delivered at the School of the Apothecaries' Hall, or at some other school of medicine recognised by the Court.

The order of study here laid down is recommended for the guidance of students.

Chemistry, Anatomy and physiology, } During six months.
Practical chemistry, Botany, } Three months.
Materia medica, Demonstrations and dissections, Theory and practice of medicine, Surgery, Midwifery and the diseases of women and children, } Six months.

Forensic medicine, three months.

Also a certificate of twelve months' attendance on the entire practice of a medico-chirurgical hospital recognised by the Court, containing at least fifty beds, and where clinical instruction is regularly given.

The examination for the licence to practise as an apothecary will be as follows:—

In translating and explaining the processes in the British Pharmacopœias and extemporaneous prescriptions.

In chemistry and general physics.

In materia medica and therapeutics.

In natural history and medical botany.

In anatomy and physiology.

In medicine, midwifery, and toxicology.

According to the Act a rejected Candidate cannot be readmitted for examination until the expiration of six months.

REGULATIONS OF THE ARMY MEDICAL SERVICE.

Candidates for the Medical Department of the Army are required to produce the Diploma of either of the Colleges of Surgeons of London, Edinburgh, or Dublin, and the following Testimonials :—

Eighteen months' attendance at an Hospital of celebrity, where the average number of In-patients is not less than 100.
Twenty-four months' Anatomy.
Twelve months' Practical Anatomy.
Twelve months' Surgery, or (what is preferred) six months' Surgery, and six months' Military Surgery.
Eight months' Clinical Surgery, a complete Course of Two or Three Lectures during the week.
Twelve months' Practice of Physic, or six months' Practice of Physic, and six of General Pathology.
Eight months' Clinical Lectures on ditto, the same as required in Surgery.
Twelve months' Chemistry.
Six months' Practical Chemistry.
Three months' Botany.
Four months' Materia Medica.
Three months' Practical Pharmacy or Apprenticeship.
Five months' Natural History.
Five months' Midwifery.
Five months' Natural Philosophy.

2nd. The Candidates must be unmarried, not beyond twenty-six years of age, nor under twenty-one years.

3rd. Candidates who have had an University Education, and have the degree of A.B. or A.M. as well as that of M.D., will be preferred, but a liberal Education, and a competent knowledge of the Greek and Latin languages are indispensably requisite in every Candidate.

4th. The greater the attainments of the Candidates in various branches of Science, in addition to competent Professional Knowledge, the more eligible will they subsequently be deemed for Promotion in the Service; for Selections to fill Vacancies will be guided more by reference to such Acquirements than to mere Seniority.

5th. The rank of Physician to the Forces, or Assistant-Inspector of Hospitals, requires in addition to the knowledge and experience to be gained in the regular progress of study and experience in the Service, that the individual should be a Fellow or Licentiate of the Royal College of Physicians of London, or a Graduate of the University of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, Aberdeen, London, or of the Faculty of Medicine of Glasgow.

6th. Although the British Schools are specified, it is to be understood that Candidates who have received regular Education in approved Foreign Universities or Schools will be admitted to Examination.

7th. With the exception of Practice of Physic and Clinical Medicine by one Teacher, Candidates must have attended separate Lecturers for each branch of Science.

8th. Before Promotion from the rank of Assistant-Surgeon to any higher rank, every gentleman must be prepared for such other Examination as may be ordered before a Board of Medical Officers.

9th. Diplomas, Tickets of Attendance on Lectures and Certificates of regular attendance by each Professor or Lecturer, must be lodged at this office for Examination and Registry at least one week before the Candidate appears for Examination, and likewise Certificates of moral conduct and character, one of them by a Clergyman, and that of the Parochial Minister is desirable. Baptismal Certificates are required at the same time; if the parish register cannot be resorted to, an affidavit from one of the parents, or some person who can attest the fact will be accepted.

10th. The Certificate of the Teacher of Practical Anatomy must state the number of subjects or parts dissected by the pupil.

11th. Certificates of Lectures and Attendance must be from Physicians or Surgeons of the recognised Colleges of Physicians and Surgeons in the United Kingdom, or of Foreign Universities.

Note.—All Communications to be forwarded "unsealed" under cover, to "The Right Honourable the Secretary at War," with the words "Army Medical Department" at the corner.

Army Medical Department, February, 1840.

REGULATIONS FOR THE NAVAL SERVICE.

The Right Honourable the Lords Commissioners of the Admiralty having been pleased to direct, "that no person be admitted as an Assistant-Surgeon in the Royal Navy, who shall not produce a Certificate from one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin, of his fitness for that office; nor, as a Surgeon, unless he shall produce a Diploma, or Certificate, from one of the said Royal Colleges, founded on an examination to be passed subsequently to his appointment of Assistant-Surgeon, as to the Candidate's fitness for the situation of surgeon in the Navy; and in every case the Candidate producing such Certificate, or Diploma, shall also undergo a further examination before the *Inspector-General of Naval Hospitals and Fleets*, touching his qualifications in all the necessary branches and points of Medicine and Surgery for each of the steps in the Naval Medical Service." The *Inspector-General* doth hereby signify, for the information of those persons to whom it may relate, that these regulations and directions will be strictly adhered to; and further, that previously to the admission of Assistant-Surgeons into the Navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess in particular a competent knowledge of Latin; also,

That they are of good moral character, the Certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district.

That they have served an apprenticeship, or have been engaged for not less than six months in Practical Pharmacy.

That their age be not less than twenty years, nor more than twenty-four years; and that they are unmarried.

That they have actually attended an Hospital in London, Edinburgh, Dublin, Glasgow, or Aberdeen, for two years subsequently to the age of eighteen, in which the average number of patients is not less than 150.

That they have been engaged in actual dissections of the human body twelve months; the Certificate of which from the teacher must state the number of subjects or parts dissected by the Candidate.

That they have attended Lectures, &c., on the following subjects, at established schools of eminence, by Physicians or Surgeons of the recognised Colleges of Physicians and Surgeons, in the United Kingdom, for periods not less than hereunder stated; observing, however, that such Lectures will not be admitted if the teacher shall lecture on more than one branch of science, or if the Lectures on Anatomy, Surgery, and Medicine, be not attended during three distinct Winter Sessions of six months each:—

Anatomy, eighteen months; or General Anatomy twelve months, and Comparative Anatomy six months.

Surgery, eighteen months; or General Surgery twelve months, and Military Surgery six months.

Theory of Medicine, six months; Practice of Medicine, twelve months.*

If the Lectures on the Theory and Practice of Medicine are given in conjunction, then the period required is eighteen months.

* Six months' Lectures on Pathology, if given at an University where there may be a Professorship on that branch of Science, will be admitted in lieu of six months' Lectures on the Practice of Medicine.

Clinical Lectures at an Hospital as above, twelve months; or the Practice of Medicine six months; or the Practice of Surgery six months.

Chemistry, six months; or Lectures on Chemistry three months, and Practical Chemistry three months.

Materia Medica, six months.

Midwifery, six months; accompanied by Certificates stating the number of Midwifery Cases personally attended.

Botany, six months; or General Botany three months, and Medical Botany three months.

In addition to the Tickets for the Lectures, Certificates must be produced from the Professors, &c., by whom the Lectures were given, stating the periods (in months) *actually* attended by the Candidates. The time also of actual attendance at an Hospital or Infirmary must be certified; and the Tickets as well as Certificates of attendance, age, moral character, &c., must be produced by the Candidate immediately on his being desired to appear for examination.

Although the above are the only qualifications which are absolutely required in Candidates for the appointment of Assistant-Surgeon, a favourable consideration will be given to the cases of those who have obtained the Degree of M.D. at either of the Universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, or London; or who, by possessing a knowledge of Diseases of the Eye, and of any branch of science connected with the profession, such as Medical Jurisprudence, Natural History, Natural Philosophy, &c., ap-

pear to be more peculiarly eligible for admission into the service, observing, however, that Lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the regulations.

By the Rules of the Service, no Assistant-Surgeon can be promoted to the rank of Surgeon until he shall have served three years in the former capacity, one year of which must be in a ship actually employed at sea; and it is resolved that not any Diploma or Certificate of examination from either of the aforesaid Royal Colleges shall be admitted toward the qualification for Surgeon, unless the Diploma or Certificate shall be obtained on an examination passed after a period of not less than three years' actual service, observing that no one can be admitted to an examination for Surgeon unless he be a member of one of the above-named Royal Colleges; and whenever Assistant-Surgeons already in the Service (whose professional education may not be in accordance with the above) obtain leave to study previously to their passing for Surgeon, they will be required on their examination to produce testimonials of their having availed themselves of the period of leave to complete their education agreeably to these regulations.

It is also to be observed, that Candidates who may be admitted into the Naval Medical Service must serve in whatever ships, &c., they may be appointed to; and that in the event of their being unable to do so from sea-sickness, their names cannot be continued on the Naval Medical List, nor can they, of course, be allowed half-pay.

W. BURNETT, Inspector-General of Naval Hospitals and Fleets.

Admiralty-office, Somerset House, July 1, 1842.

REGULATIONS OF THE EAST-INDIA MEDICAL SERVICE.

AGE.

The Assistant-Surgeon must not be under twenty-two years, in proof of which he must produce an extract from the register of the parish in which he was born, or his own declaration, and other Certificates, agreeably to forms to be obtained in the Office for Cadets and Assistant-Surgeons, Military Department, East-India House.

QUALIFICATION IN SURGERY.

The Assistant-Surgeon, upon receiving a Nomination, will be furnished with a Letter to the Court of Examiners of the Royal College of Surgeons, to be examined in Surgery, and their Certificate will be deemed a satisfactory testimonial of his qualification; but should the Assistant-Surgeon be previously in possession of a Diploma from the Royal College of Surgeons of London, or of the Colleges of Surgeons of Dublin or Edinburgh, or of the College and University of Glasgow, or of the Faculty of Physicians and Surgeons of Glasgow, either of them will be deemed satisfactory as to his knowledge of Surgery, without any further examination. He is also required to produce a Certificate from the Cupper of a Public Hospital in London of having acquired, and being capable of practising with proper dexterity, the art of Cupping.

QUALIFICATION IN PHYSIC.

The Assistant-Surgeon will also be required to pass an examination by the Company's Examining Physician in the Practice of Physic, in which examination will be included as much Anatomy and Physiology as is necessary for understanding the causes and treatment of internal diseases, as well as the art of prescribing and compounding medicines; and Dr. Hume will then require him to produce satisfactory proof of his having attended at least two Courses of Lectures on the Practice of Physic; and, above all, that he should produce a Certificate of having attended diligently the practice of the Physicians at some general *Hospital* in London for six months; or at some general Hospital in the country (within the United Kingdom) for six months, provided such provincial Hospital contain at least, on an average, one hundred in-patients, and have attached to it a regular establishment of Physicians as well as Surgeons. No attendance on the Practice of a Physician at any *Dispensary* will be admitted.

The Assistant-Surgeon is also required, as a condition to his appointment, to subscribe to the Military or Medical and Medical Retiring Fund at his respective Presidency, and also to the Military Orphan Society if appointed to Bengal.

The Assistant-Surgeon is required, by Resolution of Court of the 21st May, 1828, to apply at the Office for Cadets and Assistant-Surgeons for his orders for embarkation, and actually proceed under such orders within three months from the date of being passed and sworn before the Committee for passing Military Appointments; he will then be furnished with an order to obtain the Certificate of his Appointment, signed by the secretary, for which he will pay a fee of £5 in the secretary's-office.

GENERAL CAUTIONS.

First. Notice is hereby given, that should it be discovered at the time the Assistant-Surgeon is appointed, or at any subsequent period, that his appointment has been obtained by purchase, or agreement to pay any pecuniary or valuable consideration whatsoever, either directly or indirectly, when the appointment is completed, the Assistant-Surgeon will not only be dismissed, and rendered ineligible to hold any situation in the East-India Company's Service, under the Court's Resolution of the 9th August, 1809, but all the parties concerned in procuring the appointment surreptitiously, or in disposing of or receiving the same under such circumstances, will subject themselves individually and collectively to a criminal prosecution for a misdemeanor, under the Act of the 49th of George the Third, cap. 126; and the Court of Directors of the East-India Company do hereby declare, that they will prosecute any person or persons who shall hereafter be detected in such illicit traffic.

Secondly. The Assistant-Surgeons are desired to present themselves to Mr. T. R. Clarke, Clerk for passing Cadets and Assistant-Surgeons, at the East-India House, with their Certificates, properly filled up and signed, by ten o'clock in the morning, or as soon after as possible, in order that they may have their nominations prepared against the Committee meet, or the nominating Director arrives—in failure of which they may have to wait for several hours, or to come another day.

If an Assistant-Surgeon produces a false Certificate, or the dates are found to have been altered for the purpose of making him appear to be of a proper age, he is rendered ineligible to hold any situation in the Company's Service.

LONDON HOSPITAL, WHITECHAPEL-ROAD.

Surgeons—Mr. Andrews, Mr. John Scott, and Mr. Luke.
Physicians—Dr. Billing, Dr. Gordon, and Dr. Cobb.
Assistant-Surgeons—Mr. Hamilton, Mr. Adams, and Mr. Curling.
Assistant-Physicians—Dr. A. Frampton, Dr. Little, and Dr. Pereira.

TERMS OF HOSPITAL PRACTICE.

Medical Practice.		*Surgical Practice.*	
Eighteen months	10 guineas.	Visiting pupil	20 guineas.
Perpetual	20 guineas.	One year as dressing pupil	30 guineas.
Apothecary's fee	1 guinea.	Six months, ditto	20 guineas.

Clinical Lectures; by Drs. Gordon and Frampton, Messrs. Scott and Luke.

Times of Attendance of the Medical Officers.

Mr. Andrews, Mondays and Thursdays.	Dr. Billing, Wednesdays and Fridays.
Mr. Scott, Tuesdays and Fridays.	Dr. Gordon, Wednesdays and Saturdays.
Mr. Luke, Wednesdays and Saturdays.	Dr. Cobb, Mondays and Thursdays.

All at 12 o'clock.

In-patients are admitted on Tuesdays, at 11 o'clock; the out-patients are seen daily.
The Assistant-Surgeons attend—Mr. Hamilton, on Tuesdays and Fridays; Mr. Adams, on Mondays and Thursdays; Mr. Curling, on Wednesdays and Saturdays.
Three Dresserships are given annually to pupils of the Anatomical Class, each pupil being previously required to dress the out-patients for one year.
The London Hospital contains 320 beds, of which 100 are devoted to medical and 220 to surgical cases. 3308 persons were treated as in-patients and 11,142 as out-patients during last year; and during the same period 5186 accidents were admitted.

LONDON HOSPITAL SCHOOL.

Medicine; by Dr. Cobb and Dr. Little, on Mondays, Tuesdays, Thursdays, and Fridays, at 9, a.m.

One session	£4	4	0
Unlimited	7	7	0

Chemistry; by Dr. Pereira, on Mondays, Wednesdays, and Fridays, at 10, a.m.

One session, or unlimited,	£7	7	0

Midwifery; by Dr. F. H. Ramsbotham, on Tuesdays, Thursdays, and Saturdays, at 10, a.m.

One session	£4	4	0
Unlimited	6	6	0

Anatomical Demonstrations and Dissections; by Mr. Adams and Mr. Critchett, daily, at a quarter-past 11.

One session	£6	6	0
Unlimited	10	10	0

Anatomy and Physiology; by Mr. Adams, daily, at half-past 2, except Saturdays.

One session	£6	6	0
Unlimited	10	10	0

Materia Medica; by Dr. Pereira, on Tuesdays, Thursdays, and Saturdays, at half-past 3.

One session	£4	4	0
Unlimited	5	5	0

Surgery; by Mr. Luke and Mr. Curling, on Mondays, Wednesdays, and Fridays, at a quarter before 4.

One session	£3	3	0
Two courses, or unlimited	5	5	0

Botany; by Mr. Quekett, in the Summer.

One session	£3	3	0
Unlimited	4	4	0

Forensic Medicine; by Dr. Ramsbotham and Dr. Frampton, in the Summer.

One course	£3	3	0
Unlimited	4	4	0

Dental Anatomy, with Diseases of Teeth; by Mr. Craigie.

General fee for attendance on all the above Lectures, qualifying for Examination at the College and Hall, £50.

A course of Comparative Anatomy and Comparative Physiology will be delivered during the Session.

GUY'S HOSPITAL, SOUTHWARK.

Surgeons—Mr. Key, Mr. Morgan, and Mr. B. Cooper.
Physicians—Dr. Bright, Dr. Addison, and Dr. Babington.
Assistant-Surgeon—Mr. Callaway.
Assistant-Physician—

Surgical Practice.

Six months	£20	0	0	Surgeons' dresser, six months	£32	12	0
Three years	26	6	0	Ditto, one year	51	2	0

Medical Practice.

Perpetual	£24	4	0	Eighteen months	£15	15	0

Times of Attendance of the Medical Officers.

Mr. Key, Mondays and Thursdays.
Mr. Morgan, Wednesdays and Saturdays.
Mr. B. Cooper, Tuesdays and Fridays.
Mr. Callaway, daily.

Dr. Bright, Mondays and Fridays.
Dr. Addison, Tuesdays and Saturdays.
Dr. Babington, Mondays and Thursdays.
The Physicians all at half-past 12.

Patients taken in at 10, on Wednesdays; Surgeons' out-patients on Thursdays, at 11; Physicians' out-patients on Fridays, at 11.

The Eye Infirmary is attended by Mr. Morgan, on Mondays and Fridays, at 11. Surgical clinical lectures and instructions will be given.

The clinical wards will open the first week in November, when clinical lectures will be given by the Physicians. A Lying-in Charity is attached to the hospital.

GUY'S SCHOOL.

Midwifery; by Dr. Ashwell, assisted by Dr. Lever and Mr. Oldham, on Tuesdays, Wednesdays, Thursdays, and Fridays, at half-past 8, a.m.

One course	£3	3	0
Two courses	5	5	0
Perpetual	6	6	0

Chemistry; by Mr. Aikin and Mr. Taylor, on Tuesdays, Thursdays, and Saturdays, at 10, a.m.

One session	£6	6	0
Perpetual	8	8	0
A course of practical chemistry	2	2	0

Anatomical Demonstrations and Dissections; by Mr. Cock and Mr. Hilton, daily, at half-past 11.

One session	£4	4	0
Perpetual	10	10	0

Demonstrators, Mr. Birkett and Mr. Moody.

Anatomy and Physiology; by Mr. B. Cooper and Mr. Cock, daily, at 2.

One session	£5	5	0
Perpetual	10	10	0

Medicine; by Dr. Bright and Dr. Addison, on Mondays, Wednesdays, and Fridays, at half-past 3.

One session	£4	4	0
Two sessions	6	6	0
Perpetual	8	8	0

Materia Medica; by Dr. Addison, on Tuesdays, Thursdays, and Saturdays, at half-past 3.

One course, or perpetual	£4	4	0

Surgery, including Ophthalmic Surgery; by Mr. Key and Mr. Morgan, on Mondays, Wednesdays, and Fridays, at 8, p.m.

Entire session	£3	3	0
Perpetual	5	5	0

Botany; by Mr. Johnson and Dr. Golding Bird, daily, at 12.
Perpetual £3 3 0

Medical Jurisprudence; Mr. Taylor, daily, at 10.
One course £3 3 0
Perpetual 4 4 0
Practical Toxicology .. 1 1 0

Lectures on the Teeth; by Mr. Bell.
Perpetual £2 2 0
(Gratuitous to the Anatomy Pupils.)

Comparative Anatomy and Physiology; by Mr. T. W. King, on Mondays and Wednesdays, at a quarter to 7.
Perpetual £2 2 0

Morbid Anatomy; by Mr. King and Mr. Hilton, on Saturdays, at half-past 11. Demonstrations, daily, at 1.
One or more courses.... £3 3 0

Medical Physics; by Dr. Bird, on Wednesdays, at 7, p.m.
One or more courses.... £2 2 0

Moral Philosophy; by the Rev. F. D. Maurice, chaplain.

Eye Infirmary; Mr. Morgan, Mondays and Fridays, at half-past 12.

Dr. Barlow and Dr. Gull prepares for Examinations.

ST. THOMAS'S HOSPITAL, SOUTHWARK.

Surgeons—Mr. Green, Mr. Tyrrell, and Mr. South.
Physicians—Dr. Williams, Dr. Burton, and Dr. Barker.
Assistant-Surgeons—Mr. Mackmurdo, Mr. Solly, and Mr. B. Travers.
Assistant-Physician—Dr. Leeson.

Surgical Practice.				*Medical Practice.*			
Surgeons' Pupil, nine months ..	£20	0	0	One year and a half.....	£15	15	0
Three years, or more.....	26	6	0	Two years, or more	24	3	0
Dresser, six months	32	12	0				
Ditto, one year	51	2	0				

Times of Attendance of the Medical Officers.

Mr. Green, Wednesdays and Saturdays.
Mr. Tyrrell, Mondays and Thursdays.
Mr. South, Tuesdays and Fridays.
All at 12 o'clock.

Messrs. Mackmurdo, Solly, and B. Travers see the out-patients on Mondays and Wednesdays, at 9.

Dr. Williams, Mondays and Thursdays.
Dr. Burton, Tuesdays and Fridays.
Dr. Barker, Wednesdays and Saturdays.
All at 12 o'clock.

Dr. Barker sees out-patients Tuesdays and Thursdays.

Mr. Tyrrell attends the Ophthalmic Ward Mondays, at 1 o'clock; he also attends out-patients on Thursdays, at 1 o'clock.
Operations performed on Saturdays, at 1 o'clock.
A clinical lecture by one of the surgeons.
A clinical lecture weekly, at 12 o'clock, by one of the physicians.
The admission-day for patients is Tuesday, at 10 o'clock precisely. Accidents and cases of emergency received at all hours.
Post-mortem examinations at 12 o'clock.

ST. THOMAS'S SCHOOL.

Anatomical Demonstrations and Dissections; by Mr. Le Gros Clark, daily, at 10.
One session £4 4 0
Unlimited 9 9 0

Demonstrators, Mr. Dixon and Mr. Trew.

Surgery; by Mr. Green and Mr. B. Travers, on Mondays, Wednesdays, and Saturdays, at 11.
Single course £3 3 0
Unlimited 5 5 0

Chemistry; by Dr. Leeson and Mr. Parnell, on Tuesdays, Thursdays, and Fridays, at 11.
One session £6 6 0
Unlimited 8 8 0

Anatomy and Physiology; by Mr. Grainger, daily, at 2.
One session £5 5 0
Unlimited 9 9 0
The embryological part of this course by Dr. Martin Barry.

Medicine; by Dr. Hodgkin, Dr. Barker, Dr. Marshall Hall, and Dr. Gregory, on Mondays, Wednesdays, and Fridays, at 3.
One session £4 4 0
Unlimited 6 6 0

Materia Medica; by Dr. Barker and Dr. Wilks, on Tuesdays, Thursdays, and Saturdays, at 3.
Unlimited attendance... £4 4 0

Midwifery; by Dr. Cape, on Mondays, Wednesdays, and Fridays, at 4.
One session £5 5 0
Unlimited 6 6 0

Botany; by Mr. Hoblyn, in the Summer.
Single course..... £3 3 0
Unlimited 4 4 0

Medical Jurisprudence; by Dr. Leeson, in the Summer.
Single course £3 3 0
Unlimited 4 4 0

Comparative Anatomy; by Dr. Meryon, on Tuesdays and Fridays, at 7, p.m.

Diseases of the Teeth; by Mr. Saunders, £2 2s.

Free to the pupils of the Anatomical classes.

Lectures on Morbid Anatomy; by Dr. Hodgkin and Dr. Barker,

General fee to the Lectures and Hospital Practice, eighty-five guineas.

ST. BARTHOLOMEW'S HOSPITAL, SMITHFIELD.

Surgeons—Mr. Vincent, Mr. Lawrence, and Mr. Stanley.
Physicians—Dr. Hue, Dr. Roupell, and Dr. Burrows.
Assistant-Surgeons—Mr. Lloyd, Mr. Skey, and Mr. Wormald.
Assistant-Physicians—Dr. Farre, Dr. Jeaffreson, and Dr. Black.

Surgical Practice.				*Medical Practice.*			
Six months	£18	18	0	Nine months	£12	12	0
Twelve months, or perpetual ...	26	5	0	Eighteen months.....	15	15	0
Dresser, 6 months	18	18	0	Unlimited	31	10	0

Times of Attendance of the Medical Officers.

Mr. Vincent, Tuesdays, Thursdays, and Saturdays.

Mr. Lawrence, Tuesdays, Fridays, and Saturdays.

Mr. Stanley, Wednesdays, Fridays, and Saturdays.

All at half-past 12; Saturdays, at 1.

Dr. Hue, Mondays and Saturdays, at half-past 11; Thursdays, at half-past 12.

Dr. Roupell, Mondays, Wednesdays, and Fridays, at half-past 12.

Dr. Burrows, Mondays, Tuesdays, Thursdays, and Saturdays, at half-past 1.

One of the assistant-physicians and one of the assistant-surgeons attends daily (Sundays excepted), between the hours of 11 and 2, at the out-patients' rooms, to prescribe for the out-patients and casualty cases.

Inspections of morbid anatomy in the pathological theatre, at 11 o'clock, by Mr. Wormald and Mr. Paget.

Clinical lectures weekly in the theatre, during the Summer, by Dr. Roupell, Dr. Burrows, Mr. Lawrence, and Mr. Stanley.

St. Bartholomew's Hospital contains 550 beds: 375 are allotted to the surgical, and 175 to the medical cases.

The in-patients amount annually to above 5000, the out-patients and casualties to above 30,000.

ST. BARTHOLOMEW'S SCHOOL.

Anatomical Demonstrations and Dissections; by Mr. Wormald, daily, at 9, a.m.
Half session £3 3 0
One session 6 6 0
Unlimited 10 10 0
Demonstrator, Mr. M'Whinnie.

Chemistry; by Mr. Griffiths, on Mondays, Wednesdays, and Fridays, at 10, a.m.
Half session £4 4 0
One session 6 6 0
Unlimited 8 8 0

Materia Medica; by Dr. Roupell, on Tuesdays, Thursdays, and Saturdays, at 10, a.m.
One session £5 5 0
Unlimited 7 7 0

Anatomy and Physiology; by Mr. Stanley, every day, except Saturday, at half-past 2. Examinations on Saturdays.
Half session £5 5 0
One session 9 9 0
Unlimited 10 10 0

Medicine; by Dr. Burrows, on Mondays, Tuesdays, Thursdays, and Fridays, at a quarter to 4; on Saturdays, at half-past 2.
One session £5 5 0
Unlimited 7 7 0

Midwifery; by Dr. Rigby, on Mondays, Wednesdays, and Thursdays, at 6, p.m.
One session £3 3 0
Unlimited 5 5 0

Surgery; by Mr. William Lawrence, on Mondays, Wednesdays, and Fridays, at 7.
One session £5 5 0
Unlimited 7 7 0

Botany; by Dr. Frederic Farre, in the Summer.
One course £3 3 0
Unlimited 4 4 0

Medical Jurisprudence; by Dr. Baly, in the Summer.
One course £3 3 0
Unlimited 4 4 0

Comparative Anatomy; by Mr. M'Whinnie, £1 1s. the course.

Natural Philosophy; by Mr. Griffiths.

Morbid Anatomy; by Mr. Paget.

ALDERSGATE-STREET SCHOOL,

Aldersgate-street.

Anatomical Demonstrations, with Dissections, by Mr. White, daily, at 9, a.m.

Single course	£3	3	0
Two courses	5	5	0
Unlimited	6	6	0

Chemistry; by Dr. Scoffern, on Tuesdays, Thursdays, and Saturdays, at 10, a.m.

One session	£5	5	0
Unlimited	6	6	0

Anatomy and Physiology; by Mr. Skey, daily, at half-past 2.

Single course	£3	3	0
Two courses	5	5	0
Unlimited	7	7	0

Materia Medica; by Dr. Willshire, on Mondays, Wednesdays, and Fridays, at half-past 3, p.m.

One session	£4	4	0
Unlimited	5	5	0

Medicine; by Dr. Willis and Dr. Golding Bird, on Mondays, Wednesdays, and Fridays, at a quarter past 4, p.m.

Single course	£4	4	0
Two courses (one session)	5	5	0
Unlimited	6	6	0

Midwifery; by Dr. Waller, on Tuesdays, Wednesdays, and Fridays, at a quarter to 6, p.m.

Single course	£3	3	0
Unlimited	5	5	0

Surgery; by Mr. Skey, on Mondays, Wednesdays, and Fridays, at 7, p.m.

Single course	£3	3	0
Unlimited	5	5	0

Unlimited to Anatomy, Demonstrations, and Surgery, £15 15s.

Botany; by Dr. Willshire, in the Summer.

Single course	£3	3	0
Unlimited	4	4	0

Medical Jurisprudence; by Mr. Hodges and Dr. Scoffern, in the Summer.

Single course	£3	3	0
Unlimited	5	5	0

Practical Chemistry in the Summer.

Unlimited attendance on all the Lectures required by the Royal College of Surgeons and Apothecaries' Hall, £37 16s. (exclusive of Practical Chemistry).

CHARLOTTE-STREET SCHOOL OF MEDICINE,

15, *Charlotte-street, Bloomsbury.*

Anatomical Demonstrations and Dissections; by Mr. Dermott, daily, at 10, a.m.

Materia Medica; by Mr. Baxter, on Mondays, Wednesdays, and Fridays, at 11, a.m.

One session	£3	3	0
Perpetual	4	0	0

Chemistry; by Mr. Scoffern, on Tuesdays, Thursdays, and Saturdays, at 11.

Anatomy and Physiology, daily; by Mr. Dermott, at 3, p.m.

One session	£5	5	0
Perpetual	7	0	0

Theory and Practice of Medicine; by Dr. Aldis, on Mondays, Wednesdays, and Fridays, at 4, p.m.

One session	£3	3	0
Perpetual	5	0	0

Midwifery and Diseases of Women and Children; by Dr. Harrison, on Tuesdays, Thursdays, and Saturdays, at 4, p.m.

One session	£3	3	0
Perpetual	5	0	0

Theory and Practice of Surgery; by Mr. Dermott, on Mondays, Wednesdays, and Fridays, at 7, p.m.

One session	£3	3	0
Perpetual	4	0	0

Botany; by Dr. Brown, in the Summer.

One session	£2	2	0
Perpetual	3	0	0

Medical Jurisprudence; by Mr. Scoffern, in the Summer.

One session	£2	2	0
Perpetual	3	0	0

For all the Lectures required by the Royal College of Surgeons, Apothecaries' Hall, Army and Navy Boards, &c. &c., 30 guineas.

UNIVERSITY COLLEGE HOSPITAL, GOWER-STREET, ST. PANCRAS.

Surgeons—Mr. Cooper, Mr. Liston, and Mr. Quain.
Physicians—Dr. Williams, Dr. Thomson, and Dr. Taylor.
Obstetric Physician—Dr. Murphy.
Assistant-Surgeon—Mr. Morton.

Admission to Practice and Clinical Lectures.

Students who have entered at University College to three medical courses of six months' duration (two courses of three months' duration being considered equivalent to one of six months), also students who have attended one course in a recognised school, and one year in a recognised hospital, are to pay as follows:—

Perpetual to the medical and surgical practice	£26	5	0
One year physicians' and surgeons' practice	21	0	0
One year physicians' or surgeons' practice, separately	15	15	0
Six months physicians' and surgeons' practice	£15	15	0
Six months physicians' or surgeons' practice, separately	10	10	0

Pupils who have not entered to lectures in the College as above specified.
Perpetual to the medical and surgical practice £36 15 0
One year physicians' and surgeons' practice 30 0 0
One year physicians' or surgeons' practice, separately £22 0 0
Six months physicians' and surgeons' practice 22 0 0
Six months physicians' or surgeons' practice, separately 15 0 0

Every pupil pays, in addition to the fees, 10s. to the house-physician, and 5s. office fee.

Times of Attendance of the Medical Officers.

The physicians' and surgeons' visits are made daily at 1 and 2 o'clock.
Each of the three physicians visits his patients three times a-week.
Medical clinical lectures are given four times a-week.
A Surgical clinical lecture is given once a-week, by Mr. Liston, Mr. Cooper, and Mr. Quain, each once a fortnight.
House-surgeons, physicians' clerks, and surgeons' dressers, are selected from students of the College, without additional payments.
Taking-in days, Tuesdays, at half-past 11. The physicians and surgeons see out-patients daily, in the morning.

UNIVERSITY COLLEGE MEDICAL SCHOOL,

Gower-street, St. Pancras.

Medicine; by Professor Williams, daily, except Saturdays, at 9, a.m.
Entire term £5 0 0
First or second half 3 0 0
Perpetual 8 0 0

Anatomy and Physiology; by Professor Sharpey, daily, at 10, a.m.
Entire term..... £6 0 0
First or second half 3 0 0
Perpetual 9 0 0

Chemistry; by Professor Graham, daily, at 11.
Entire term..... £6 0 0
First or second half 3 0 0
Perpetual 9 0 0

Comparative Anatomy; by Professor Grant, daily, except Saturdays, at 11.
The course £4 0 0

Anatomical Demonstrations and Dissections; by Professor Quain, daily, at 12.
Entire term..... £6 0 0
First or second half 3 0 0
Perpetual 9 0 0

Demonstrators, Mr. Ellis and Mr. Morton.

Materia Medica; by Professor A. T. Thomson, daily, except Saturday, at 3.
Entire term..... £6 0 0
First or second half 3 0 0
Perpetual 9 0 0

Surgery; by Professors Cooper and Liston, on Mondays, Tuesdays, Wednesdays, and Thursdays, at 5.
The term..... £4 10 0
Perpetual 6 0 0

Midwifery; by Professor Murphy, daily, at 6.
Winter term £4 10 0
Summer term..... 3 0 0
Perpetual 6 10 0

Botany; by Professor Lindley, in the Summer.
Summer course..... £3 0 0
Perpetual 6 0 0

Medical Jurisprudence; by Professor A. T. Thomson, in the Summer.

Zoology; by Professor Grant, in February, £3.

Practical Chemistry in the Summer.

(Attendance on the two courses by Professor Grant, is recognised by the Army Medical Board as equivalent to the course of Natural History required as a qualification for army surgeons.)

In addition to the foregoing payments for each class, students not nominated by proprietors must pay 5s. additional for every pound until this extra payment amounts to £4 10s.; and a college fee of 10s. for one class, and £1 for two or more classes, is to be paid by each student every session; in a course of short duration this fee is diminished.

KING'S COLLEGE HOSPITAL, PORTUGAL-STREET, LINCOLN'S-INN.

Consulting Surgeon—Mr. Arnott.
Consulting Physician—Dr. Watson.
Surgeons—Mr. Fergusson and Mr. Partridge.
Physicians—Dr. Budd and Dr. Todd.
Physician-Accoucheurs—Dr. Ferguson and Dr. Arthur Farre.
Assistant-Surgeons—Mr. Simon and Mr. Bowman.
Assistant-Physician—Dr. Guy.

The Physicians and Surgeons attend daily at half-past 1 o'clock, p.m.
Dr. Arthur Farre attends on Tuesdays, Thursdays, and Saturdays, at half-past 11 o'clock.
Clinical Lectures every Tuesday, Wednesday, Thursday, and Friday.

The physicians' assistant and clinical clerks, the house-surgeon and dressers, will be selected by examination from among those matriculated students of the College who are pupils of the Hospital.

The house-surgeon must have been previously a dresser; and no dresser will be appointed whose fitness has not been ascertained by the surgeons.

Fees for Admission to the Hospital Practice and to the Clinical Lectures.

Perpetual to the medical and surgical practice :—			
For matriculated students	£31	10	0
For pupils who ara not matriculated students	36	15	0
Medical practice :—			
Three months	6	6	0
Six months	10	10	0
Twelve or eighteen months	£15	15	0
Perpetual.....	21	0	0
Surgical practice :—			
Three months	10	10	0
Six months	15	15	0
Twelve or twenty-one months ..	21	0	0
Perpetual.....	26	5	0

KING'S COLLEGE MEDICAL SCHOOL, STRAND.

Anatomical Demonstrations and Dissections; by Professor Partridge, daily, at 9, a.m.

Entire session.....£8 8 0
Unlimited 9 9 0

Demonstrators, Mr. Simon and Mr. Bowman.

Materia Medica; by Professor Royle, on Mondays, Tuesdays, Thursdays, and Fridays, at a quarter-past 10, a.m.

Entire session.....£5 5 0
Unlimited 7 7 0

Comparative Anatomy; by Professor Jones, on Mondays, Wednesdays, and Fridays. at half-past 11, a.m.

The session.....£3 3 0
Unlimited 4 4 0

Medicine; by Professor Budd, on Mondays, Tuesdays, Thursdays, Fridays, and Saturdays, at half-past 12.

Entire session £5 5 0
Unlimited 7 7 0

Chemistry; by Professor Daniell, on Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays, at 3.

Entire session.....£7 7 0
Unlimited 10 10 0

Surgery; by Professor Fergusson, on Tuesdays, Thursdays, and Saturdays, at 4, p.m.

Entire session.....£4 4 0
Unlimited 6 6 0

Midwifery; by Professor Ferguson and Professor Farre, on Mondays, Wednesdays, and Fridays, at 4, p.m.

Entire session.....£4 4 0
Unlimited 6 6 0

Physiology; by Professor Todd, daily, at 7.

Entire session.....£8 8 0
Unlimited 9 9 0

Botany, in the Summer.

Entire session.....£3 3 0
Unlimited 4 4 0

Medical Jurisprudence; by Professor Guy, in the Summer.

Entire session.....£3 3 0
Unlimited 4 4 0

Chemical Manipulation; the session, £5 5s.

Other lectures connected with medicine are given in the Summer.

The courses which students are required to attend by the College and the Hall, may be attended at King's College for £57 15s.; or for students nominated by proprietors, £53 10s. The matriculation fee is £1 1s., and the library fee £1 1s. additional.

MIDDLESEX HOSPITAL, CHARLES-ST., TOTTENHAM COURT-ROAD.

Surgeons—Mr. Mayo, Mr. Arnott, and Mr. Tuson.
Physicians—Dr. Hawkins, Dr. Watson, and Dr. Wilson.
Physician-Accoucheur—Dr. Ashburner.
Assistant-Surgeon—Mr. Shaw.
Assistant-Physician—Dr. Crawford.

Surgical Practice.			
Three months	£10	10	0
Six months	15	15	0
Twelve months	21	0	0
Dresser, six months	21	0	0
Ditto, twelve months	31	10	0

Medical Practice.			
Three months	£6	6	0
Six months	10	10	0
Eighteen months	15	15	0
Perpetual	22	1	0

Times of Visits of the Medical Officers.

Mr. Mayo, Wednesdays and Saturdays.
Mr. Arnott, Mondays and Thursdays.
Mr. Tuson, Tuesdays and Fridays.
Dr. Hawkins, Tues., Thurs., and Saturdays.
Drs. Watson and Wilson, Mondays, Wednesdays, and Fridays.

Each physician and surgeon at half-past 12.

Dr. Ashburner attends on Wednesdays and Saturdays, at 11 o'clock.

In-patients admitted at 12 on Tuesdays. Out-patients seen at 12 on Thursdays, by the Physicians. Operations on Fridays. Clinical lectures generally on Thursdays and Saturdays. From the dressers the house-surgeons are elected, according to seniority. Post-mortem examinations at half-past 1.

MIDDLESEX HOSPITAL SCHOOL.

Chemistry; by Mr. Everitt, on Mondays, Wednesdays, Fridays, at 10 a.m. and Saturdays, at 9, a.m.

One session	£5 5 0
Perpetual	6 0

Midwifery; by Mr. North, on Tuesdays, Thursdays, and Saturdays, at 10, a.m.

One session	£3 3 0
Perpetual	5 5 0

Anatomical Demonstrations and Dissections; by Mr. Tuson, Mr. Erasmus Wilson, and Mr. Rowdon, daily, at 11.

Half session	£3 3 0
Entire session	5 5 0
Perpetual	9 9 0

Materia Medica; by Dr. Crawford, on Mondays, Wednesdays, Thursdays, and Fridays, at 1.

Half session	£3 3 0
Perpetual	5 5 0

Anatomy and Physiology; by Mr. Tuson and Mr. Erasmus Wilson, daily, at 2.

Half session	£3 3 0
Entire session	5 5 0
Perpetual	9 9 0

Anatomy, Physiology, Demonstrations, and Dissections, together.

Perpetual	£16 16 0

Medicine; by Dr. Hawkins, on Mondays Tuesdays, Thursdays, and Fridays, at 3.

Half session	£3 3 0
Entire session	5 5 0
Perpetual	6 6 0

Surgery; by Mr. Mayo, on Mondays, Wednesdays, and Fridays, at 4, p.m.

One session	£3 3 0
Perpetual	5 5 0

Botany; by Mr. Rogers, in the Summer.

One course	£2 2 0
Perpetual	3 3 0

Medical Jurisprudence; by Mr. De Morgan, in the Summer.

One session	£3 3 0
Perpetual	4 4 0

Perpetual to all the above, in one payment, £45.

Clinical lectures, by Messrs. Mayo, Arnott, and Tuson; and Dr. Hawkins and Dr. Watson.

CHARING-CROSS HOSPITAL, NEAR CHARING-CROSS.

Surgeons—Mr. Hancock and Mr. Avery.

Physicians—Dr. Shearman, Dr. Golding, and Dr. Chowne.

Clinical Lectures by the Physicians and Surgeons.

Surgical Practice.		*Medical Practice.*	
Six months	£10 10 0	Six months	£10 10 0
Full period required	15 15 0	Full period required	15 15 0

For the full period to both Medical and Surgical Practice, £26 5s.

The Physicians and Surgeons visit the wards daily (Sundays excepted) between 12 and 2 o'clock.

The Cases in the Out-patients' Department are seen and prescribed for at the Hospital daily (Sundays excepted) between 12 and 1 o'clock.

Medical and Surgical Clinical Lectures are given weekly by the Physicians and Surgeons of the Hospital.

Post-mortem Examinations are performed under the superintendence of the Physicians and Surgeons.

CHARING-CROSS HOSPITAL SCHOOL.

Materia Medica; by Dr. Steggall and Dr. Willshire, on Mondays, Wednesdays, and Fridays, at 9, a.m.

One session	£4	4	0
Two sessions	5	5	0
Unlimited	6	6	0

Chemistry; by Mr. Fownes, on Tuesdays, Thursdays, and Saturdays, at 9, a.m.

One session	£5	5	0
Two sessions	6	6	0
Unlimited	7	7	0

Anatomical Demonstrations and Dissections, by Mr. Hird, every day, except Saturday, at 10.

One session	£5	5	0
Two sessions	7	7	0
Unlimited	8	8	0

Demonstrator, Mr. Canton.

Midwifery; by Dr. Chowne, on Mondays, Tuesdays, and Thursdays, at 2, p.m.

One course	£3	3	0
Two courses	5	5	0
Perpetual	6	6	0

Anatomy and Physiology; by Mr. Jones, every day, except Saturday, at 3.

One session	£5	5	0
Two sessions	7	7	0
Unlimited	8	8	0

Medicine; by Dr. Shearman and Dr. Bennett, on Tuesdays, Wednesdays, Thursdays, and Fridays, at 4.

One session	£4	4	0
Two sessions	6	6	0
Unlimited	7	7	0

Surgery; by Mr. Hancock, on Mondays, Wednesdays, and Fridays, at 5, p.m.

One session	£3	3	0
Two sessions	5	5	0
Unlimited	6	6	0

Botany; by Dr. Willshire, in the Summer.

One course	£2	2	0
Two courses	3	3	0
Unlimited	4	4	0

Medical Jurisprudence; by Dr. Chowne and Dr. Bennett, in the Summer.

One course	£2	2	0
Two courses	3	3	0
Unlimited	4	4	0

Morbid Anatomy; by Mr. Hancock, at 5, p.m.

One course	£2	2	0
Two courses	3	3	0
Unlimited	4	4	0

Natural Philosophy; by Mr. Watts, at half-past 6, p.m.

One course	£3	3	0
Unlimited	4	4	0

General fee for all the lectures required by the Hall and College, £42.

WESTMINSTER HOSPITAL, BROAD SANCTUARY, NEAR WESTMINSTER ABBEY.

Surgeons—Mr. White, Mr. Guthrie, and Mr. Lynn.
Physicians—Dr. Bright, Dr. Roe, and Dr. Burne.
Assistant-Surgeon—Mr. Hale Thomson.

Surgical Practice.				*Medical Practice.*			
Six months	£12	12	0	Six months	£10	10	0
Twelve months	21	0	0	Twelve months	12	12	0
				Eighteen months	15	15	0
Perpetual	31	10	0	Perpetual	21	0	0

Conjoint fee for the medical and surgical practice, £27 6s.

Times of Attendance of the Medical Officers.

Dr. Bright, on Tuesdays and Fridays.
Dr. Roe, on Wednesdays and Saturdays.
Dr. Burne, on Mondays and Thursdays.
Assistant-Physician, Dr. Basham, daily.
Mr. White, Mondays and Saturdays.
Mr. Guthrie, Thursdays and Saturdays.
Mr. Lynn, Tuesdays, Wednesdays, Fridays, and Saturdays.
Assistant-Surgeon, Mr. Hale Thomson, Tuesdays and Fridays.

All at 1 o'clock.

In-patients admitted on Tuesdays, at 11 o'clock; out-patients seen daily, at 12 o'clock.
Clinical lectures by Dr. Roe and Dr. Burne, and by Mr. White and Mr. H. Thomson.
Operating-day, Saturday, at 1.

WESTMINSTER HOSPITAL SCHOOL.

Chemistry; by Mr. Lewis, Mondays, Wednesdays, and Thursdays, at half-past 2.

One session	£5	5	0
Perpetual	6		0

Midwifery; by Dr. Andrews, Tuesdays, Thursdays, and Saturdays, at 9 o'clock.

One session	£3	3	0
Perpetual	5	5	0

Anatomical Demonstrations and Dissections; by Dr. Hunter and Mr. Bennet

Lucas, daily, except Saturdays, at 9 o'clock.

One session	£5	5	0
Perpetual	7	7	0

Anatomy and Physiology; by Dr. Hunter and Mr. Bennett Lucas, daily, except Saturdays, at 12 o'clock.

One session	£5	5	0
Perpetual	7	7	0

Medicine; by Dr. Roe and Dr. Burne, daily, except Saturdays, at half-past 3.

One session	£5	5	0
Perpetual	6	6	0

Surgery; by Mr. Phillips, daily, except Saturdays, at half-past 4 o'clock.

One session	£4	4	0
Perpetual	5	5	0

Materia Medica; by Dr. Basham, Mondays, Tuesdays, Thursdays, and Fridays, at 8, p.m.

One session	£4	4	0
Perpetual	5	5	0

Natural Philosophy; by C. Brooke, Esq., M.B., Cantab., on Wednesday evenings, at 7 o'clock.

Fee to the course	£1	1	0

Practical Chemistry; by Mr. Lewis.

Botany; by Dr. Wilks, in the Summer.

One session	£2	2	0
Perpetual	3	3	0

Medical Jurisprudence; by Dr. Bird and Mr. Hodges, in the Summer.

Fee to the course, one session, £2 2 0

General fee to all the lectures required by the Royal College of Surgeons and Society of Apothecaries, £42.

ST. GEORGE'S HOSPITAL, HYDE-PARK CORNER.

Surgeons—Mr. Keate, Mr. Hawkins, Mr. Babington, and Mr. Walker.
Physicians—Dr. Seymour, Dr. Wilson, Dr. Macleod, and Dr. Nairne.
Assistant-Surgeons—Mr. Cutler and Mr. Tatum.
Assistant-Physician—Dr. Page.

Surgical Practice.		*Medical Practice.*	
Six months	15 guineas.	Eighteen months	16 guineas.
Twelve months	20 guineas.	Unlimited	24 guineas.
Unlimited	50 guineas.	Fee to the Apothecary	1 guinea.

Times of Attendance of the Medical Officers.

Mr. Keate and Mr. Walker, on Mondays, Wednesdays, and Fridays.
Mr. Hawkins and Mr. Babington, on Tuesdays, Thursdays, and Saturdays.
Mr. Cutler and Mr. Tatum, daily.
Dr. Wilson and Dr. Nairne, Mondays, Wednesdays, and Fridays.
Dr. Seymour and Dr. Macleod, Tuesdays, Thursdays, and Saturdays.
Dr. Page, daily.
All at half-past 12.

In-patients are admitted on Wednesdays, at half-past 12; out-patients are seen by the Physicians on Mondays and Fridays, at half-past 12; and by the Surgeons, daily (excepting on Thursdays), at 12. Operations, on Thursdays, at 1 o'clock.

Entrance to the surgical practice for twelve months admits pupils in their turn to dress the patients for two months; and entrance for an unlimited period admits pupils to dress for six months.

Pupils entering for an unlimited period are eligible as assistant house-surgeons for six months, and as house-surgeons for twelve months, when properly qualified.

Pupils, when qualified, may become clinical clerks to the physicians or surgeons.

Clinical lectures by Dr. Seymour, Mr. Hawkins, Mr. Babington, and Mr. Walker.

ST. GEORGE'S HOSPITAL SCHOOL.

Theatre of St. George's Hospital, and Theatre of Anatomy, Kinnerton-street, Wilton-place, near St. George's Hospital.

Midwifery; by Dr. R. Lee, on Mondays, Wednesdays, and Fridays, at 9, a.m.

Each course	£3	3	0
Perpetual	5	5	0

Chemistry (at the Royal Institution, in Albemarle-street); by Mr. Brande and Mr. Solly, on Tuesdays, Thursdays, and Saturdays, at 9, a.m.

One course	£6	6	0
Perpetual	8	8	0

Materia Medica; by Dr. Nairne, on Tuesdays, Thursdays, and Fridays, at a quarter past 10.

One session	£5	5	0
Perpetual	6	6	0

Medicine; by Dr. Macleod, on Mondays, Tuesdays, Thursdays, and Fridays, at a quarter-past 11.

Entire session	£5	5	0
Perpetual	6	6	0

Demonstrations, with Dissections; by Mr. H. J. Johnson and Mr. H. C. Johnson, daily, at a quarter-past 12.

One course (whole session)	£6	6	0
Perpetual	8	8	0

Demonstrators, Mr. Jones, Mr. Spitta, and Mr. Cundy.

Anatomy and Physiology; by Mr. Tatum and Mr. H. J. Johnson, daily, at half-past 2.

One course (whole session)	£6	6	0
Perpetual	8	8	0

Surgery; by Mr. Hawkins and Mr. Babington, on Mondays, Wednesdays, Thursdays, and Fridays, at 8, p.m.

Entire session	£4	4	0
Perpetual	6	6	0

Botany; by Dr. Dickson, in the Summer.

One course	£3	3	0
Perpetual	4	4	0

Medical Jurisprudence; by Dr. Page, in the Summer.

Each course	£3	3	0
Perpetual	4	4	0

A Course of Lectures, illustrative of some important parts of Surgery; by Sir C. B. Brodie, Bart.

The Anatomical Lectures are delivered in Kinnerton-street.

ST. GEORGE'S SCHOOL,

1, *Grosvenor-place, Hyde-Park Corner, adjoining St. George's Hospital.*

Surgery; by Mr. Lane and Mr. Chapman, on Mondays, Wednesdays, and Fridays, at 9, a.m.

Complete course	£3	3	0
Perpetual	5	5	0

Chemistry; by Mr. Rodgers, on Tuesdays, Thursdays, and Saturdays, at 9, a.m.

Complete course	£5	5	0
Perpetual	6	6	0

Practical Anatomy, with Demonstrations; by Dr. Pettigrew, daily, at half-past 10.

Complete course	£6	6	0
Unlimited	8	8	0

Demonstrator, Mr. Cane.

Medicine; by Dr. Goolden, on Mondays, Wednesdays, and Fridays, at half-past 11, a.m.

Complete course	£5	5	0
Perpetual	6	6	0

Materia Medica; by Dr. Lankester, on Tuesdays, Thursdays, and Saturdays, at half-past 11, a.m.

Complete course	£5	5	0
Perpetual	6	6	0

Anatomy and Physiology; by Mr. Lane and Dr. Pettigrew, daily, at half-past 2.

Complete course	£6	6	0
Unlimited	8	8	0

Midwifery; by Mr. Bloxam, on Mondays, Wednesdays, and Fridays, at 7, p.m.

Complete course	£3	3	0
Perpetual	5	5	0

Jurisprudence; by Mr. Hutchins and Mr. Ancell, during the Summer.

Botany; by Dr. Sigmond, during the Summer.

General fee to the whole of the lectures, £42.

ST. MARYLEBONE INFIRMARY, NEW-ROAD.

We have received the following account of the resources of the above infirmary as a school for practical and clinical instruction, and of the terms upon which students may avail themselves of the advantages of the institution as a receptacle for the sick.

The physicians are, Drs. Clendinning, Harrison, and Mayo. The physician-accoucheur, Dr. Robert Lee. The surgeons, Mr. R. A. Stafford and Mr. Benjamin Phillips. The house-surgeon and resident physician, Dr. Boyd. The assistant house-surgeons, Messrs. Allen and Whittle. Dispensers, senior, Mr. Gull, and two assistants.

The number of beds is 330. The number of patients per annum, from 2500 to 3000. The number of patients in attendance per diem, about 220.

All diseases (excepting small-pox), and persons of both sexes and of all ages, are admitted, including those affected by mental disease, puerperal disease, and incurable organic disease, as well as lying-in cases. Infants and young children, and persons who are infirm from age, or decrepitude, are included in this list.

From 300 to 350 autopsies are completed in the course of the year, under the superintendence of the physicians. A clinical lecture is delivered weekly by one of the physicians. Those of the present year will be given by Dr. Clendinning and Dr. Mayo, alternately. The lecturers will visit their patients on alternate days, at the same hour, viz., at half-past 12.

The infirmary receives, in addition to the usual hospital cases per annum, about 120 lying-in cases; about 100 syphilitic cases; about 80 cases of mental disease; about 150 cases of internal disease, acute and chronic, of infants and young children; and 150, or more, cases of phthisis, &c. &c. All cases admitted are allowed to remain until cured, or dismissed by desire, or for misconduct. Thus, the infirmary may be said to afford peculiar opportunities for the study of diseases of every kind and in every stage, and throughout their whole course.

The fees for attendance on the physician's practice are—

For six months	£5	5	0
For twelve months	9	9	0
For eighteen months	12	12	0
For an unlimited period.	16	16	0

The practice of the physicians is "recognised," in like manner with that of the metro-

politan hospitals, by the colleges, medical boards, London University, &c. The surgeons admit pupils; but, as yet, the surgical practice, although extensive, has not been "recognised" by the College of Surgeons.

ROYAL DISPENSARY FOR DISEASES OF THE EAR, Dean-street, Soho.—Mr. Curtis will commence his Autumnal Course of Lectures on the Anatomy, Physiology, and Pathology of the Ear, on Saturday, October 1, at 7, p.m.

CLUB-FOOT AND OTHER DEFORMITIES.—The practice of the "Orthopœdic Institution," in Bloomsbury-square, is open to pupils for the study of the treatment of Club-foot, and other Contractions and Distortions of the Human Frame.

PRIVATE LECTURERS AND TEACHERS.

MEDICAL LECTURE-ROOM, 10, GOWER-STREET, NORTH.

The Principles and Practice of Physic; by Theophilus Thompson, M.D. The session, £4; perpetual, £6.

Midwifery and Diseases of Women and Children; by G. Oakley Heming, M.D., F.L.S. An ample number of cases will be provided for each pupil. The application of the forceps, and the various operations of midwifery, will be taught on a machine well adapted for the purpose. The session, £3; perpetual, £5.

DR. BARNES—Lectures on Materia Medica, Pharmacy, and Therapeutics, with Private Medical Tuition for the Medical Examinations, at 32, Tavistock-place, Tavistock-square.

MR. HIND—Lectures on Anatomy and Surgery, and prepares gentlemen for their Examinations at the College of Surgeons, at 66, Gower-street, Bedford-square.

MR. E. E. BARRON—Private Tuition for the Medical Examinations, at 16, St. Thomas's-street East, Borough.

DR. BULL delivers Lectures on Midwifery and the Diseases of Women and Children, on Mondays, Wednesdays, and Fridays, at half-past 5, p.m., at 21, Finsbury-place.

MR. F. S. GARLICK—Private Medical Tuition for the Medical Examinations, at 14, Duke-street, Adelphi.

DR. RYAN, LL.D., delivers a Course of Lectures on Chemistry, at the Royal Polytechnic Institution, 309, Regent-street, at 8, a.m. The Laboratory of the Institution is open to the students, who will receive daily instruction in Practical and Analytical Chemistry.

MR. T. SLIPPER—Classical Instruction, at 16, St. Thomas's-street East, Borough.

DR. COLLIER, of 32, Spring-gardens, limits his engagements to senior candidates (not in class) who have been some years in practice, and may be desirous of renovating their studies, with a view to the advancement of their professional qualifications.

UNIVERSITY OF EDINBURGH.

This ancient university offers promise of daring deeds during the ensuing session; it is reanimated by new, and young, and stirring blood, and will shine forth as a meteor above the day. The new appointments are Professor Allison, *vice* Dr. Home, Practice of Physic; Professor Henderson, *vice* Dr. Thomson, Pathology; Professor Miller, *vice* Sir Charles Bell, Surgery; Professor Allen Thomson *vice* Professor Allison, Physiology. We heartily wish them success.

UNIVERSITY OF GLASGOW.

The surgical department is most efficiently supplied by the lectures of Dr. Burns, whose treatises on Surgery and Midwifery are known wherever those branches of medicine are scientifically practised. The class of chemistry is presided over by the veteran Thomson, whose name has been identified with the most important translations in chemical science during the last forty years. He is now assisted by Dr. R. D. Thomson, whose experience in chemistry and in practice peculiarly qualify him as a teacher of medical students. Medical students will have an opportunity in the Glasgow laboratory of obtaining, at a moderate rate, a knowledge of the *practice of organic chemistry*, from which they have hitherto been debarred, from various reasons. Lectures on the eye are delivered by Dr. Mackenzie. Dr. Cowan, the distinguished vital statistician, presides over the department of medical jurisprudence. The infirmary of Glasgow is an excellent field for surgical practice.

PHARMACEUTICAL SOCIETY.

Winter Courses of Lectures will be delivered at the establishment of the Pharmaceutical Society, 17, Bloomsbury-square, on Chemistry, by George Fownes, Ph. D., Lecturer on Chemistry in the Charing-cross Hospital Medical School: commencing on Wednesday morning, October 5, at half-past eight o'clock, and continued each succeeding Wednesday, at the same hour, until the end of March—terms, one guinea to those not connected with the society; and on Materia Medica, by Dr. A. T. Thomson, commencing on Friday morning, October 7, at half-past eight o'clock, and to be continued every succeeding Friday, at the same hour, until

the end of December. Terms the same, including a course on Practical Pharmacy, by Mr. Theophilus Redwood, to commence in January next.

PRIVATE CLASSICAL INSTRUCTION. — A clergyman residing in the vicinity of Bedford-square, of long-established reputation as a teacher of the Greek and Latin languages, whose pupils have obtained the highest honours in public examinations, at the universities, military academies, and other scientific institutions, is willing, on reasonable terms, to furnish instruction in Latin and Greek to any medical students who feel incompetency in those languages. We offer our willing testimony to the respectability of the character and the extent of the attainments of this gentleman. The student who is deficient in his classical acquirements, could not do better than place himself under the tuition of such an able instructor, whose address may be obtained at THE LANCET Office, 46, Princes-street, Leicester-square.

GUY'S HOSPITAL.—*To the Editor.*—Sir, in an advertisement lately published in the newspapers, respecting the lectures about to be given at Guy's Hospital, I was not a little surprised to read the following:—"Midwifery—Dr. Ashwell, assisted by Dr. Lever and Mr. Oldham." Perhaps you will be good enough to inform me if this implies that the assistants are to sit on either side of the lecturer, to supply a word when required; or if they are to be placed there merely to turn the models round, as they are referred to by the learned doctor. I mean not the least disrespect to Dr. Lever or Mr. Oldham, but I well remember that when Dr. Blundell lectured at Guy's he was not "assisted" by any one. I am, Sir, yours respectfully,

A PRACTITIONER BEFORE LECTURERS WANTED ASSISTANTS.

London, Sept. 24, 1842.

*** It is honester to make this announcement before pupils enter to the course than after the money is paid; but it is right to draw attention to the announcement in a special manner.

To the Editor.—Sir, Is it probable that any alteration in the laws respecting the Apothecaries' Company will take place within the period of a medical studentship; I mean the apprenticeship being already ended. I am, yours obediently, A. G. H.

*** No alteration of such a nature as to affect the course of study which it is the interest of our correspondent to pursue. If it be his intention to act as a surgeon in general practice, he had better comply strictly with the regulations of the Apothecaries' Company. This is by far the safest plan.

MONEY-MONGERS.

To the Editor of THE LANCET.

SIR,—I presume you are by this time preparing your "Students' Number," which very properly sets forth the many Scyllas and Charybdas which abound in London, waylaying the noviciate on every hand; but there is one quicksand on which you have not hitherto touched; and I boldly protest that your "STUDENTS' NUMBER" would be wanting in its duty if it escaped notice. In the neighbourhood of one (if not more) of the hospitals is to be found some person trading in books, who is also a money-lender, yielding certain facilities to the raw and inexperienced student, often thoughtless and improvident, to obtain money, and at the end of the term allowed for repayment, employing the expensive processes of the law to pursue the unprepared debtors. At this very moment one of them has seven actions pending against medical students, whose names I hand to you privately, besides three more who have been compelled to expatriate themselves in consequence of such proceedings. Against such temptations to borrow students should be warned. They have themselves to blame, in a very great measure, for yielding to them. Need it be stated, in mitigation, that I am

A SUFFERER.

THERE is nothing more noble in nature than the generous ardour that kindles in the youthful breast, and inflames the young mind to the daring and to the performance of meritorious deeds. In viewing the stirring spirit of the young student, first striding from beneath the comfortable protection of the paternal roof, to mount the stage-coach for the dingy purlieus of the medical schools of the metropolis, we are reminded of the young eagle making his first flight from the parent nest to engage in the fierce struggles and contests that lie crowded in his soar to the hereditary pinnacles of his giant race. The dangers of his path are unseen and unknown; the murky shadows and dismal tempests of the nether world have been as a smooth spread lawn beneath his feet, spangled with the thousand tints of refracted light. All in his sphere is cloudless, the deep blue zenith above and around him; the snow-capped peaks sparkling in the bright meridian like jewelled silver; the glorious orb that wakes

his aspirations in the morn, and gilds the receding curtain that veiled his rest; all, all is joyous, all is happiness and peace, save in that one spark from the flaming brand of the destroying angel, the penalty of man's disobedience, *discontent*, that urges animal nature as well as human nature to hope for change. Little as the eaglet suspects the rude reception, the earth and its pigmy myrmidons prepare for his encounter, so little does the student anticipate the shocks and discomforts his chosen career will develop to his heart. But it is there, in the midst of trials and feats of strength, that the eagle gains prowess and might to maintain the claims of his lofty sphere; and it is there that moral strength flows in the cup of experience which the student raises to his lips. We, therefore, invoke our young friend to stand steadfast in his bright intentions, to repel the fears which gloomy thinkers may urge upon his mind, to keep his eyes fixed upon the goal he seeks to attain, and leave success to her own hour for crowning his exertions with reward.

To the student just arrived in London, the "Where to, Sir," of the obsequious Jarvie, as he prepares to mount his box, is a query of no small difficulty to comprehend, and when perceived, to answer. In that little, that unpretending question, lies much of the destiny of the young heart to which it is addressed. The question should have been previously conned, and should be ready—to HEAL-WELL HOSPITAL. The hospital is the centre of all the student's future operations; it is there he seeks for information, seated by the bedside of sickness, he is to peruse the lesson of life; it is there that he learns to explore the secret recesses of disease, that he learns to weigh the pangs of suffering nature, that he learns to apply the balm of ease. In the night as well as in the day the student must be at his post, when disease or accident raise their feeble voice for help; he must be there to catch the instructive whispers, which, at moments unexpected, Nature bestows on those who watch closely and attentively her operations. The student must prepare betimes to undergo a thousand disappointments in his assiduous search before the truth bursts in all its brightness on his soul, and then only will he be enabled to cherish sufficiently the sweet reward. The hospital should be the first object of the student's thought, and under the very eaves of the hospital which he has selected, should he pitch his tent. We leave to himself those hygienic considerations which naturally occur to the mind under similar circumstances, namely, good air, cleanliness, &c., and give him but a single hint,—to seek for quietude.

The situation of the hospital determines the school; the student must be cautious not to place himself at a distance from his studies, he must not devote to the limestone flags that pave our streets minutes that might and should be devoted to the clinical wards, to the class theatre, or to the dissecting-room. He must be a rigid economist of time, he must be a devotee of punctuality, and he must subjugate his mind and body to the full performance of every duty which, in the eyes of GOD and man, he is called upon to do. A student of the nobly-organised class which we are now depicting, will pity from his soul the unfortunate anencephalous abortions of the human race that straggle into the lecture-room, in the very middle of its business, to the disturbance of the studiously disposed; that occupy the poor semblance of a nervous centre, which nature in a frolic has dabbed within their cranial chamber with the task of communicating to their members tetanic acts of foppery and overgrown childishness. Such miserable organisms, cells within cells of windy effete stuff, without a fragment of nucleus to balance their actions, pass their existence in one continuous mesmeric dream, waking yet still asleep, singing, acting, billiard-playing, smoking, idling, alas! alas! alas! yet all the while narcotised by the great parent of all the mesmers—the devil himself. Sirs! Sirs, such abnormal productions, such malformations, should bear with them through the world as a symbol of their magnetiser and their persecutor, a huge seton carried deeply through their glutei maximi with a good thick thong of four-feet-one to trail along behind. The counter-irritation of such a remedy, plucked from time to time by the passer-by, is the only cure that we can suggest to wake them from their disgraceful trance.

Betimes in the morning the true student is up and stirring; he has taken his accustomed seat before the lecturer enters the arena. He is attentive and observant throughout the earnest address of his teacher; he notes briefly any new, important, or practical point that falls from his superior's lips, and he reflects when the lesson is over upon the application and the tendency of the instruction to which he has been listening.

These thoughts, the fruits of the information he has just received, employ his mind in healthful exercise, until the next lecture begins; and the same process carries him through the day to the hour of more mature thought, the hour for the arrangement and digestion of his newly-acquired knowledge, his own calm and quiet fireside. The hour of eleven sees him in his bed-room, nature has done her duty for her day; she requires repose; force her not to more. If the student feel now the want of time, he has committed and is committing sin against nature's will and laws. The day of twelve hours, with steady application during the whole of that period, is enough of mental labour for any purpose under the sun; is enough to make man eminent and wise. Let not the student overstrain a nervous system that is intended to carry him through life; let him not bring upon himself premature decay; let him not curtail his sphere of usefulness of the greatest of its advantages—persistence; —for—— for what? For a metal toy? For a plaything that has not the utility of a snuff-box, of being filled and handed to one's friends that they may twig the inscription? For a trophy, that, however it may fill the boy's soul, shall make the man blush for its insignificance? Are years of usefulness, years passed in the practice of acts of benevolence and good, in the diffusion of benefits flowing from education and well-directed study, to be balanced against the puny, etiolated blossom, forced prematurely in the hothouse of youthful striving? And what will be, what is your state after such inordinate exertion? We will tell you; your physical powers are weakened, the train is probably laid for the future explosion of disease; your moral powers are debilitated and filled with morbid reflections. We beg of ye, our young friends, to work steadily and well, to lose no time, to be punctual, to be persevering; and if you do all this well, you must have *eight hours* sleep.

It is time that we should now pass on to your medical studies. Into this subject, however, we entered so fully in our last STUDENTS' NUMBER, as to have left little more to be said than will be found there. Anatomy, in its various branches, human, comparative, descriptive, and general, must form the basis of all your studies. Without anatomy the surgeon is a destroyer of his fellow-man; the physician is a quack and a poisoner; and the accoucheur a zealous thug. The study of anatomy is very properly enforced by the regulations of the corporate bodies throughout the entire period of education. Anatomy is to be studied in the dissecting-room, by means of the scalpel and forceps, the eye, and the touch; while the general principles, the practical applications, and scientific results are acquired in the theatre. The anatomical theatre is also the arena for testing your knowledge, by means of the expositions of your teacher and by means of examinations.

In physiology you are introduced to the movements and actions of the animal organism; you may be said to reap the fruits of your anatomical studies by being permitted to comprehend the mode of action and the mutual dependencies of organs with whose structure you are already acquainted. You learn in this department the nature of life; life, that vast problem that gives individuality to the kingdom of nature, of which man forms but an atomic point. You learn to comprehend the curious and interesting phenomena by which nutrition is effected, nutritive material brought into the system, and effete matters transported to the exterior. You are taught the remarkable functions of the nervous system, the system of intelligence and mind, of sensation, volition, and motion. You are made acquainted, moreover, with the wonderful properties of the circulation, and the still more absorbing transmutations of generation and development. Physiology repays the student amply for the labour which he bestows upon its study, and its truths and results form a stable groundwork for medical and surgical practice.

Practice of physic, we cannot too often repeat, must be studied in the hospital, by the bedside of the patient. The student should select several cases for daily observation; of these he should take the history of the disease, its symptoms, its method of treatment, and the results of that treatment. If the case terminate fatally, he should follow it to the dead-house, and note there the nature and extent of the disease. One case properly taken in this manner is in itself a volume, respecting the disease in question; it forms the standard of comparison for future cases and future practice, and the old practitioner may often look back upon the lesson taught by that case when its remembrance stands almost alone as one of the oases of retrospect of the days of youthful study.

The theory of physic leads the student back to the theatre, where the particular

views of his teacher are explained, and the principles on which the treatment of cases in the hospital is conducted are taught. The psychologist must be often struck with the avidity which the mind displays to refer all its reasonings to a rule; this rule is termed a theory, and theory often guides even our commonest actions. The theory of our medical treatment we are taught by our first masters, or we imbibe it from our lecturers on physic and surgery; or in some instances we inhale it from the atmosphere of fashion by which we are surrounded. The most singular part of the workings of a theory is, that it leads us by a short route, a kind of ductus arteriosus, to decision on a plan of treatment precisely similar to that which would be adopted by an individual holding an exactly opposite theory to our own. Theory, then, is a kind of short-hand of the mind, proper, like the example which we have adduced, to the individual by whom it is employed. Each man contends for his own theory, and sees nothing but holes in that of others; while his, in the eyes of his opponents, is a perfect os ethmoides. Nevertheless, a man without a theory may be likened to an arrow without its feather, or a rocket without a tail. We must have a theory, but we must at the same time endeavour to establish it on a proper foundation, that foundation being physiology.

Surgery, like physic, has its theory and its practice; the former being explained in the theatre in the lectures of the teacher, the latter being to be acquired by the bedside of the patient alone, by careful observation and thought. Our young friend will soon learn to discover among his fellow-students the book-men and the practical men. The former can make most noise, and noise sometimes goes for wit among the inexperienced; they may, perchance, talk through their college examination best, and write the fastest, but woe to the unfortunate sufferer that falls under their treatment. The student who would be sought in after life as a practitioner, must be able, dexterously and well, to perform every manipulation which surgery involves. He must know thoroughly not merely the principles but the practice of his art.

Midwifery is a department of practice of the most essential importance. To its hands are committed the dearest ties, the happiness, the comfort, the life of a portion of our race, rendered doubly interesting to our minds by the confidence and devotion with which they reward the skilful attentions of the medical practitioner. The young medical man early learns to value his information on this subject; and in no department of medicine, perhaps, is he more strongly made aware of the necessity of knowledge. To turn or not to turn, is oft-time synonymous with Hamlet's exclamation. To act, becomes here as necessary as to think; and action must be in many cases more rapid than thought. In midwifery practice the rapidity of the lightning's flight must be combined with the bold decision of its echoing peals. The mental vision must rival the penetrating glance of a Napoleon, while manual action must emulate his calm determination and promptitude. The accidents of midwifery are such as to make to quail the stoutest hearts, and knowledge alone can preserve us from their dangers. Need we say more to induce the student to give attention to midwifery practice? Yes; we feel the necessity of warning him against arrogance: he may have attended half-a-dozen cases in which Nature's self stood midwife, and on the strength of such practice he may choose to strut in self-conceit, a pigmy Denman—let him beware this self-deception. It was on better grounds than this that man displaced woman from the direction of an important branch of surgical manipulation. Midwifery, again, has to deal with some of the most rapid and dangerous of medical diseases. Had we to create an obstetric practitioner, we should feel the necessity of uniting in the same individual the qualities of the accomplished physician with the manual dexterity of the able surgeon.

Chemistry is a valuable course of study to the medical practitioner, and particularly that branch of it which treats of the composition of the animal constituents. The importance of this science is seen in the treatment of disease of the kidneys and of stone in the bladder. Chemical reagents form now a part of the *armamentaria* of every practitioner, and have become equally necessary with the test-tube for the lungs and heart, the legacy of Laennec. In the detection of poisons, again, and in furnishing us with a knowledge of the means to be employed for counteracting their effects, chemistry is our trusty glaive.

Therapeutics impress their importance naturally and strongly on the mind of the student of medicine. He has discovered the

disease, but he now seeks for a substance fitted to aid him in the sole aim of his life—prevention or cure. That knowledge is but a flimsy web that cannot direct us to the proper therapeutic agent to be selected for the treatment of disease. The student early discovers this truth; but sometimes too late for the safety or comfort of his patient. He should continually inquire of himself, what medicines he would give, and what line of management he would pursue, in a given case; if he know not, he should ask his teachers, and make them what they profess to be. By remaining ignorant he is acting wantonly and sinfully.

Botany forms a tributary stream to materia medica and therapeutics, and opens to the student's search a rich field for useful application. The course of botany forms a portion of the labour of the summer session, when nature displays her vegetative charms in the flowery meads, and e'en upon the window-sills of the murky edifices of town.

Medical jurisprudence, again, with its full list of portentous questions, questions on which hang truth and life, is one of the subjects for the summer's reflection. Forensic medicine is generally too little valued by students, and the want of the information which it conveys is sorely and deeply felt when the medical practitioner is made the subject of judiciary inquisition. In the court of justice there should be no doubts; we should have studied the subject on which we are to be examined in all its bearings; we should have made up our minds completely to the intent of the evidence which we are able to give; and we should then deliberately and calmly declare those opinions to the best of our knowledge, before God, which our conscience warrants, unhesitatingly and firmly. Let us beg of the student, while it is yet time, to bestow a fair proportion of mature thinking on forensic medicine.

The records of warfare, from the earliest times down to the present day, have shown the necessity of discovering the strength and position of the enemy. This is the duty of a valuable and distinguished corps, the aides-de-camp. The information which these officers bring is the mental perception of the General, from whose reasoning faculties flow the instructions which are intended to anticipate the probable intentions of the enemy. We say *probable* intentions, because the General has no means of inferring intentions save from appearances. Medicine is a perpetual warfare against death and his ministering angels; the General of the defensive army is the mind of the practitioner of medicine; his aides-de-camp are his eyes, his ears, his hands; the enemy's arms and strength are disease; the business of the practitioner and his educated senses to reconnoitre and oppose disease. It may be said that every study of the medical student has this object; but there is one more than all the rest to which our figure points,—it is morbid anatomy. No opportunity should be permitted to pass by the student without investigating the cause of death, the disease, the morbid changes and elements; for by this knowledge we most effectually obtain a familiarity with the principles upon which our treatment should be founded.

To this brief sketch of your duties, Gentlemen, and of the expectations with which society regards the profession into which you are about to enter, we can only add our wishes for your success, and our hopes that God may speed you.

OBSERVATIONS ON THE

STATIC LUNG TESTS.

By William Augustus Guy, M.B., Cantab., Professor of Forensic Medicine, King's College, London, and Physician to the King's College Hospital.

I have elsewhere* entered into a minute and laborious examination of the static lung tests, availing myself for that purpose of observations drawn both from foreign and domestic sources. As conclusions drawn from such mingled sources may, perhaps, be viewed with some distrust, I propose on the present occasion employing only such English observations as I can bring together; and, should they be found to confirm the unfavourable view which I have been led to take, I trust that these tests may be safely consigned to the oblivion which they have appeared to me to deserve.

The observations which I am about to employ are partly borrowed from the two essays of Mr. Taylor, published in the "Guy's Hospital Reports," and the paper of Dr. Brady in the "Dublin Journal of Medical Science," and partly furnished by myself. The facts amount to thirty-three in number, and all refer to children at full term, without distinction of sex, and in whom the lungs were ascertained to be healthy. I propose to adopt the same order of examination as in my essays already

* Edin. Med. and Surg. Journal.

referred to, beginning with the absolute weight of the lungs.

In the following table the observations are arranged in two columns, and in such a form as is best adapted to answer the purpose which I have in view. The numbers are arranged in the order of their magnitude, beginning with the smallest, and those which are equal, or nearly so, are placed opposite to each other. The reason of this arrangement will be explained presently.

TABLE I.

Before Respiration.—After Respiration.

B. R.	A. R	B. R.	A. R.
510	510	687	—
520	—	694	—
550	546	703	—
—	562	713	726
586	590	744	746
630	—	—	774
630	—	—	861
632	—	—	920
640	—	1054	1000
647	—	—	1173
658	—	—	1189
666	—	—	1203
683	675	1480	—

On adding together the numbers in the two columns we obtain the following results :—

TABLE II.

	Before Resp.	After Resp.
Maximum	1480	1203
Minimum	510	510
Mean	707	820

If the results of so small a number of facts were entitled to any confidence, it would follow that the absolute weight of the lungs of mature children who have respired, exceeds that of mature still-born children by only one-seventh. This small addition to the weight of the lungs, however, by no means represents the full effect of respiration, inasmuch as still-born children are larger, and their lungs, consequently, proportionally heavier, than those of children born alive. Thus, in the present instance, the average weight of the body in the still-born is 44,547 grains; in those born alive, 41,492 grains; the former exceeding the latter by about one-eleventh. If we suppose the mean weight of the body of the still-born and those born alive to be equalised, and the mean weight of the lungs after respiration to be increased in the same proportion with the weight of the body, we shall have the weight of the lungs after respiration about 880 grains, instead of 820, or an increase of one-fourth, instead of one-seventh. Small as this difference may appear, it does not vary much from the average deduced from a larger number of facts; thus, in the essays already referred to,* the excess of the weight of the lungs of children born alive over those of the still-born is one-fifth. On referring to Table XXXII., however, in which the weights of the lungs before and after respiration for equal weights of the body are compared, it will be seen that for bodies weighing between 40,000 and 50,000 grains, the process of respiration adds little less than one-half to the weight of the lungs. But the averages in these tables were deduced from observations on children who had survived their birth one month or less, whilst the tables in the present essay includes only one case in which the duration of respiration had exceeded three days. This difference sufficiently explains the different effect of respiration in the two sets of tables.

It results, then, from the above table, and from those now referred to, that the process of respiration when *recently* established increases the weight of the lungs by about one-fourth, and that when it has continued one month or less, the average increase for equal weights of body is less than one-half. These weights and this increase is very remote from the rough estimate which has made the weight of the lungs before respiration about one ounce, and after respiration about two ounces. The ascertained weight before respiration is nearer two ounces than one; and the increase, even when respiration has lasted a considerable time, is less than one-half, instead of being equal to the weight assumed for the still-born.

This trifling average difference between the weight of the lungs before and after respiration gives little encouragement to the employment of the mean numbers as standards of comparison in doubtful cases. Where the averages differ so slightly, it must necessarily happen that the numbers from which they are respectively derived must often coincide. A glance at Table I. will show that this inference is not less probable than true; for although the smaller numbers abound at the top of the left-hand column, and the larger ones at the bottom of the right, the same number or numbers differing but little from each other, are found no less than seven times in both columns. In these cases, of course, the weight alone could have given us no assistance in solving the question of respiration or no respiration.

But it is still more worthy of notice, that whereas the same number, 510, is the minimum before and after respiration; the greatest weight in the still-born *exceeds* the greatest weight in those born alive by no less than 277 grains, or rather more than one-fourth. As it is obvious that any number intervening between the highest and lowest weight might occur either before or after respiration, so it would be quite impossible to decide by the weight alone whether the child had or had not respired. The possibility of a very low weight of lung being met with in a child which has survived its birth some

* Edin. Med. and Surg. Journal, No. 150, conclusion 9, in which read 874 for 574.

time, is illustrated by the second number in the right-hand column (546), the weight of the lungs of a child which had survived its birth two days. As this is by no means the only instance of prolonged respiration to be found in the table (there are instances of twenty-four hours, two days and a half, and even one of two months), it follows that the table presents rather a favourable view of the effect of respiration in increasing the weight of the lungs. When we reflect that in the majority of doubtful instances of infanticide respiration is not likely to have continued many minutes, and that consequently but little addition could have been made to the weight of the lungs, we can have little hesitation in summarily rejecting the absolute weight of the lungs as a test of respiration.

The fact already alluded to, viz., that the bodies of still-born children are heavier than the bodies of those born alive, greatly impairs the use of the absolute weight of the lungs as a test of respiration; and very naturally suggested the modified test which bears the name of Ploucquet. This test consists, as is well known, in a comparison of the weight of the lungs with that of the body. How favourable the three facts on which Ploucquet so strongly based his recommendation of that test were to its application, is equally well known. According to these imperfect data, the proportion which the weight of the lungs bore to that of the body before and after respiration respectively, was 1 to 70, and 1 to 35; proportions much more favourable than those established by the observations of any subsequent observer. The following table exhibits at a glance the value of the test, as far as it can be determined by a small number of facts:—

TABLE III.

Before Respiration.—After Respiration.

B. R.	A. R.	B. R.	A. R.
1 : 91	——	1 : 57	1 : 56
1 : 82	——	1 : 54	1 : 55
1 : 74	——	1 : 51	——
1 : 71	——	1 : 51	1 : 52
1 : 71	——	1 : 49	1 : 49
1 : 70	——	——	1 : 48
1 : 67	1 : 65	——	1 : 46
1 : 61	1 : 61	1 : 45	1 : 45
1 : 60	——	——	1 : 44
1 : 59	1 : 59	——	1 : 44
1 : 57	——	——	1 : 41
1 : 57	——	——	1 : 39

TABLE IV.

	Before Resp.	After Resp.
Maximum	1 : 45	1 : 39
Minimum	1 : 91	1 : 65
Mean	1 : 63	1 : 50

In the formation of Table III., the same facts * are employed as in Table I.; and the result is obviously more favourable to Ploucquet's test than to the absolute weight of the lungs; for whereas there was not a single instance in which we could have been justified in inferring respiration or the reverse from the absolute weight of the lungs, there are no less than eleven cases in which this question might have been decided by Ploucquet's test, provided the number of observations were held sufficient for the establishment of a numerical test. The first seven lines of the left-hand column are instances in which the proportion which the weight of the lungs bore to that of the body was less than in any instance in which respiration had taken place; whilst the four last numbers in the right-hand column are instances in which the proportion of the lungs to the body was greater after respiration than in any case of still-birth. Hence, there are seven cases in which, assuming 1 : 65 to be the real minimum after respiration, we should have been justified in stating that the child was still-born; and four cases in which, assuming 1 : 45 to be the real maximum before respiration, we might have asserted with like confidence that the child had breathed.

But here the question arises, are we justified, on the authority of so small a number of facts, in asserting that 1 : 65 is the real minimum after respiration, or 1 : 45 the real maximum before respiration? Certainly not; for it might happen that the very next proportion added to either column would destroy the value of all the figures above or below the opposite one.

On referring to my former essays, I find that the proportions derived from a larger number of facts are widely different from those of Table IV. Thus, the maximum before respiration, instead of being 1 : 45, is 1 : 24; and the minimum after respiration, instead of being 1 : 65, is 1 : 132. The general conclusions in my former essay, however, fully bear out the results of the tables contained in the present, as far as regards the superiority of Ploucquet's test to the absolute weight of the lungs; for "whereas there were only eight instances in which the maximum weight of the lungs after respiration exceeded the maximum weight before respiration, there are no less than twenty-nine instances in which the proportion which the lungs bear to the body is greater after respiration than before; that is to say, there are twenty-nine instances in which, assuming the proportion 1 : 24 to be the true maximum, we could state with certainty that respiration had taken place. On the other hand, there is only one instance in which the proportion of the lungs to the body is less before respiration than the least proportion observed in children born alive; in other words, there is only one case recorded in which, assuming 1 : 132 to be the real minimum after respiration, we should have been justified in as-

* With the exception of one, in which the weight of the body was not given.

serting that respiration had not taken place."

One serious objection must always lie against numerical tests, employed for purposes demanding extreme accuracy, as is the case with all medico-legal inquiries, viz., that the highest and lowest values, which are the only ones that can be employed with any confidence, can be ascertained with certainty only by an accumulation of facts never likely to be made for any purpose. If one group of observations establish a given maximum before respiration, and a given minimum after respiration, it does not follow that the addition of another group of observations, or even of a single observation, may not establish a higher maximum or lower minimum. Hence we are never in a position to state with confidence on the strength of these tests that a child has or has not respired. Where our observations are very numerous, we may use the extreme values as standards of comparison, with a confidence proportioned to their number, and to confirm probabilities derived from other sources; but the occasions on which we can make use of these tests are of extremely rare occurrence.

Assuming, then, for the moment, that Ploucquet's test admits of occasional application, the question arises, is it necessary to make use of it in those instances where it would give a strong probability? The answer is obvious. Such a test can never be necessary, where other and more simple means are at hand of determining the same question beyond the reach of doubt or cavil. What those means are I shall take some early opportunity of showing; at present I am satisfied with proving the very limited use which can by any possibility be made of Ploucquet's test, and the still lower value of the absolute weight of the lungs as a test of respiration.

September 24, 1842.

DISCOVERIES IN EMBRYOLOGY.

(*From Professor* VALENTIN'S *Report on the Progress of Embryology in the Year* 1840.*)

SOME interesting discoveries rendered the past year a highly productive one for embryology. Two main problems which engaged the various physiologists here occupy the foreground, namely, the earliest development of the mammalia, and the metamorphoses of the germinal membrane in its transformation into the embryo. * * * So long as the metamorphoses of the Purkinjean [germinal] vesicle, following fecundation, could be considered only hypothetically, it was assumed that this vesicle either burst and poured out its contents, or became flattened, and now contributed to the formation of the germinal membrane in one of these two ways. Both theories had been put forth before the discovery of the germinal spot. But when the existence of the latter became known, the discoverer said that probably the *macula germinativa* represented the first foundation of the germinal membrane. This conjecture obtained more probability from the obvious fact, that the number, size, and distribution of the germinal spots alternated according to the different stages. Research, however, first in the mammalia, and then in reptiles and fishes, showed that in consequence of fecundation the interior of the germinal vesicle presents new cells, or that (as was seen in the rabbit) within the germinal vesicle new cells are really built up upon the foundation of the germinal spots. (Introductory Remarks, p. 13.)

First stages in the development of the fecundated ovum, especially that of the mammalia.—As was already remarked in the introduction, the most important publications of the past year concerning embryology are concentrated in the subjects of this chapter. We will, therefore, before presenting some extracts of the details, state the most important results. With few exceptions, to be mentioned, all the observations have reference to the mammalia, and indeed to the rabbit.

(1.) *At the period of the rut certain changes have already taken place in the ovarium, the* [*Graafian*] *follicles, and the structures appertaining thereto.*—Through an increased congestion of the ovary single follicles become more strongly developed. The germinal spot, which gives the impulse to the formation of the new cells, probably undergoes changes of this kind. From the observations of Negrier, above-mentioned (p. 248), it may be conjectured that in the human female also the period of menstruation is attended by similar phenomena.

(2.) *Fecundation itself apparently comes to pass in the following manner.*—A portion of the semen that has been brought to the surface of the ovarium probably passes into the ovum, and gives the stimulus to the formation of cells within the germinal vesicle. * * *

(3.) *The number of ova prepared for fecundation by the rut does not correspond with the number of the subsequently fecundated ova, but generally exceeds the same.*—This fact, already known, has been confirmed by the latest researches on the rabbit.

(4.) *It often happens that more ova pass out of the ovary than are fecundated, or at least than become developed.*—Herein accord the observations of Barry with those of Pappenheim. The former found in the tubes and uterus unfecundated or aborted ova. In like manner parts of the [Graafian] follicle which usually remain in the ovary, for example, portions of Barry's ovisac, may be found in the oviducts.

* Repertorium für Anatomie und Physiologie. Jahrgang, 1841.

(5.) *Neither the place to which the ova in the tubes and uterus have advanced, nor the size of the same, nor the time that has elapsed since they left the ovary, affords an exact criterion for the degree of their internal development.*—This position furnishes only a confirmation of what was already known. * * *

(6.) *The germinal vesicle does not disappear nor burst through fecundation, but fills with cells, the formation of which proceeds from the germinal spot; and this takes place by no means in a peculiar manner, but according to a normal mode which manifests itself elsewhere.* — These circumstances, which really extend our knowledge, have been made known by the laborious researches of Barry. The general process is as follows. It is known that in the interior of the germinal spot there exists a central body, which often becomes surrounded by concentric traces. This body now enlarges and fills with a pellucid fluid. That part of the germinal spot which is directed towards the interior of the germinal vesicle passes into cells, arranged like pill-boxes, one within the other; yet so that the pellucid central vesicle remains near to the periphery [of the ovum]. Within the cells thus arisen there are formed new cells. This cell-formation proceeds in layers from the centre towards the periphery. The outer strata of cells are thus pushed further out, and the most external disappear while new inner strata form, so that the middle ones advance to the outer part. In this manner the germinal vesicle becomes filled with masses of cells, while its membrane disappears. But in the situation of what was originally the centre of the germinal spot there are formed two cells, distinguished by their larger size; and out of these two larger cells new cells arise, as before, through the formation of cells in cells, 4, 8, 16, and so on, the number doubling every time. These two cells of the central part of the germinal spot, with their succeeding cells, form the foundation of the germ. In it, the germ again, there is to be seen a cell distinguished by its larger size. The nucleus of this latter cell generates, through further development, the foundation of the embryo. It may hence be conceived, that the seminal fluid, taken up by imbibition, arrives at what was originally the central part of the germinal spot; first gives a stimulus to the cell-formation in the peripheral part of the germinal spot, and to the consequences of the same; then, through the formation of cells, becomes itself the germ; and that, subsequently, within the germ the nucleus of a principal cell gives the stimulus to the formation of the embryo. Fecundation thus consists in the imbibed seminal fluid stimulating the germinal spot to the cell-formation, according to the type of cells in cells. But many more cells are formed than remain; the outer layers being constantly absorbed.

(7.) *The furrows known to be presented by the yelk arise from the formation of cells.* (See Repertorium, v., 396.)—Their presence in fishes was established by Rusconi, in mammals by Barry. In birds they may either entirely fail, or, as is more probable, be limited to the germinal membrane, and not extended to the yelk.

(8.) *The rotation of the yelk or of the embryo in the ovum, previously observed in invertebrated animals and in batrachian reptiles, is also found to take place in fishes and mammalia.* — Rusconi perceived this rotation thirty hours after fecundation in ova of the pike; so that it is thus met with where there is a circumscribed germinal membrane. In the rabbit it was seen by Barry, although he remained in doubt as to the nature of the rotating body, which was determined by Bischoff. The latter described also vibrating cilia on the superficial cells. It now remains a point of especial interest to extend the observation to classes which otherwise do not exhibit ciliary motion; for instance, the crustacea.

(9.) *Of the other structures of the* [*Graafian*] *follicle which pass out* [*of the ovary*] *along with the ovum, the tunica granulosa and retinacula (discus proligerus) undergo liquefaction; while within the zona there arise concentric formations of membranes and fluid, or semi-fluid rings.*—According to Barry this formation amounts to from four to five membranes. The attenuation of the *zona* above-mentioned soon disappears. The chorion is not formed out of the *zona*, but out of cells, which arise in the tube, and are laid down around the metamorphosed structures.

*** Professor Valentin then proceeds to give details of the observations of Dr. Barry, the principal of which are the foregoing nine. These details will be found in the "Philosophical Transactions" for 1839 and 1840.

THE VERATRIA IN NEURALGIA.

To the Editor of THE LANCET.

SIR,—I inclose a letter from Mr. W., surgeon, of Stilton, and my reply. They are at your service. I am, yours respectfully,

R. H. CRISP.

"Dear Crisp,—I have two cases of neuralgia, have the goodness to inform me the best mode of giving and applying the veratria. Truly yours,

"J. G. WRIGHT.

"Stilton, Sept. 21, 1842."

"Dear Wright,—In reply to yours, veratria is generally applied in the form of liniment; rubbed in for ten minutes twice or three times a-day over the seat of pain; and made by dissolving five grains or more of the alkaloid in half an ounce of rectified

spirit or olive-oil: the former solution may be added to an ounce of soap liniment, if the pained surface be considerable. Given internally: for an adult the sixteenth part of a grain, in the form of pill (thrice a-day), is a sufficient dose to begin with. Thus—

℞ *Veratriæ*, gr. j; *Ext. belladon.*, gr. ij; *Ext. glycyrrhiz. mollis*; *Pulv. glycyrrhiz.*, q. s. f. pil. xvj.

"In less severe cases the belladonna may be wholly or partly omitted, and a single grain of the muriate, or two grains of the acetate of morphia, substituted. I need scarcely tell you that the veratria must be reduced to a very fine powder; and whatever substance be used for the purpose of division, the mass must be thoroughly amalgamated.

"Ere I conclude, permit me to observe that, in severe cases of neuralgia, I have invariably detected, upon close examination, some degree of fulness or tenderness about the epigastrium, under pressure; inactive bowels; dark coloured, dry, solid fæces: hence, generally, I find it necessary *at first* to restrict the patient to a farinaceous diet; to forbid malt liquor, wine, and spirits, and to apply leeches to the epigastrium repeatedly; and give for some time, every night, a grain of calomel and four or five grains of comp. ext. of colocynth, so as to move the bowels twice in twenty-four hours. In the day-time I prescribe the following mixture, or something similar:—

℞ *Quin. sulphat.*, gr. xv; *Acid. sulph. dil.*, m. xxx; *Magnes. sulphat.*, ʒiij; M. ℥vj. M. Capt. cochl. ij. magn. ter die.

"With each dose, or in the intervals, one of the sedative pills may be taken, if the pain be urgent; but I must confess that my experience leads me to place less dependence upon veratria than upon the general plan of treatment before indicated: not that it fails to relieve pain in some cases, but generally it will be found palliative rather than curative in its effects; in other words, the relief is only temporary. One word more with respect to very acute attacks at their first onset; when these occur in persons of a plethoric habit of body, or "bon vivants," and can be traced to recent exposure to cold and moisture, and especially where the sensation of cold or chilliness is a prominent symptom, a general bleeding, followed in three or four hours by an emetic, and this latter, at bedtime, by a full dose (from six to ten grains) of quinine, is the plan which I pursue; and in the morning, clear out with jalap and bi-tartrate of potass, or croton-oil and comp. ext. of colocynth, and then conduct the case as directed above. Should it be deemed needful, on account of the severity of the pain, to have recourse to aconitine, which is much more potent than veratria, I would recommend you not to begin with one-sixteenth part of a grain, as directed by Dr. Turnbull, but with one-thirtieth or one-fortieth part of a grain for a dose (the latter I prefer), and repeat at intervals of *not less* than six or eight hours, wholly discontinuing its use as soon as the pain is decidedly mitigated. Should your patient be poisoned by the medicine, his pulse will be scarcely felt, or altogether imperceptible; his surface cold, and bedewed with a clammy sweat; his countenance anxious; his breathing slow and laborious, and the characteristic tingling will be present in every muscle. Under these circumstances, brandy and sal volatile must be administered freely, and frequently; and your patient will, after a few hours' sleep, probably be found free from pain, but certainly most unwilling to take any more aconitine. *Verbum sap.* I remain, yours,

"R. H. C.

"Whittlesea, Sept. 22, 1842."

THE LANCET.

London, Saturday, October 1, 1842.

THE CLINIQUE.

The practitioner of medicine must owe his success in treatment to careful observations of facts made at the bedside. All his "science" and book-learning will go for nothing in the sick room, if he have not been an assiduous clinical student. One of the most accomplished physicians that ever practised in London, Matthew Baillie, remarked, that the successful practice of physic rested on the exercise of a peculiar natural sagacity, based on the personal study of disease in the human frame itself, all other departments of knowledge being but auxiliaries to that. Every surgeon must acknowledge the soundness of this announcement. The various teachers in our schools admit it in their discourses on this topic; yet, remarkably enough, clinical instruction is, of all branches of medical education, the most neglected in youth. The anatomist, the lecturer on materia medica, the therapeutist, each is busy in his respective walk, from October to May, and again from May to October, tracing, with great minuteness, in the allotted season, some nervous fibre through its devious course, or demonstrating the chemical properties, and

enumerating the medicinal qualities, of some drug, or collating with great care the symptoms and progress of the diseases for which it is applicable. But the point on which all this information should bear, namely, the practice of medicine at the bedside, is either entirely lost sight of, or the clinical studies are so loosely conducted as to be altogether useless. We speak with exceptions. The physicians and surgeons of our hospitals, for the most part, fail in their tuition in the wards, notwithstanding that they have entered into specific contracts with the students for the performance of that duty; and with such effrontery and dishonesty is it neglected sometimes, that a late president of the college in Lincoln's Inn-Fields, a "great reformer," in his own advertisements, actually bragged, a short time since, that "he did not know the way to the hospital" in which he figures as "surgeon;" and this, too, with his share of the students' October fees in his pocket, and a bill of his promises to instruct them hanging at the hospital door. This worthy gentleman, moreover, in his capacity of examiner at the college,—a "surly" examiner, they say,—indulges in no compunctious visitings of conscience at rejecting candidates for defects in their knowledge of practical surgery.

Were such instances solitary, and did they relate to but *one* of the twelve examiners who sit in judgment upon those who are thus defrauded in the hospitals, they might be passed in silence, however much to be regretted; but there is scarcely any hospital in which the interests of the students are faithfully treated. A colleague of the same ex-president, also an examiner, living within an echo of the hospital, so seldom visits it, that lately a patient, who was nominally under his care in that institution, had not seen the surgeon's visage once during three months. How wise and judicious are the rich in their charity sometimes, may be judged from the fact that the late Dean of Westminster has bequeathed 2000*l.* to the hospital in that city. Again, who ever heard a clinical lecture delivered by Mr. KEATE at St. George's Hospital? Who that was able to keep pace with the nimble Mr. VINCENT in his gallop round the wards of St. Bartholomew's, recollects his ever having taken time to make one instructive clinical remark in his progress? Is Mr. ANDREWS more communicative in the hospital at Whitechapel? or Mr. COOPER at University College? How often does WILLIAM LAWRENCE give clinical information to the students? Yet the old promises are all being made over again this season. Look, for instance, at the prospectus of the Westminster Hospital, where the genial presence of Mr. WHITE in the wards had not been recognised by one patient for three months. There stands, after the ancient fashion, "Clinical lectures on surgery, by Mr. ANTHONY WHITE," &c. Fortunately the name of Mr. HALE THOMSON is coupled with that of his colleague, Mr. WHITE will doubtless throw all the labour on Mr THOMSON's shoulders. The name of "WHITE," however, is prefixed on a principle which was copied, probably, from the story of MATHEWS' hackney-coachman. The comedian (like a student choosing a school) was surveying a line of coaches on the stand, to engage one for carrying him home. "Coach, ye'r honor?" says a dry-looking jarvey, who sat behind the most miserable pair of hacks on the line. "Why, I cer-"tainly do want a coach," said the customer, "but I don't fancy your horses; I like the "next pair better." "Lor' bless'e, sir, ye "don't call them a *pair*? Vy the brown "mare does all the vork. They only puts "th' old grey in to make believe. They're "no *pair*. Ve calls him SINECURE." Very proper Latin for ANTHONY WHITE. Cannot the medical family of the SINECURES follow the *example* of Sir BENJAMIN BRODIE, and resign their appointments to the THOMSONS?

But it has been repeatedly urged in THE LANCET, that the mode of clinical instruction, when pursued at all, in our hospitals, is generally very defective. It is only demi-clinical. It wants the *demonstrative* character. Moreover, it should abandon the tone of twaddle which often pervades it, especially

when that happy excuse for twaddle, the stethoscope, is at hand,—a valuable adjuvant at its proper time, but sometimes brought under the class of those "good things" of which you may have "too much." A wrong is done to this excellent aid in diagnosis by forcing it into the category of the "universal medicines." It will no more *tell* everything than the universals will *cure* everything. It may be very interesting to some learned professors to listen to the "murmurs of veins," debating for half an hour at a time on the "probable cause," or argufying so long whether the sound most resembles the pouring of water *into* India-rubber bottles, or the pouring of it *out* again. But what a bore to the students; how foolish and useless during the precious moments in the wards! There is still, also, in many hospitals a great neglect of post-mortem examinations, and that portion of the clinical instruction which should directly accompany them. Let the students attend to this, and "agitate" the matter until it is reformed.

Students, too, should not be too frightened in the company of the "great men" of the hospital to ask questions during their perambulations. Questions pin them to the case. The students may, by perseverance in this, laying hold of the "great men" by the button, as it were, happily convert them into clinical teachers. Let us see what the students can *do for themselves* during *this* season.

No *surveillance* that can be exercised over our hospitals, in the present state of their government, may be rendered so effective as that of the pupils themselves. Observe, for instance, the useful kind of medical police which is established when the student draws the attention of the governors to such facts as these. In one of our metropolitan hospitals, a few months since, a patient in the female wards was suffering from menorrhagia, and, the symptoms becoming urgent, the resident apothecary informed the physician that transfusion should be performed, proposing to him that the assistant-surgeon should be immediately procured to carry the operation into effect. The physician did not acquiesce in the recommendation, on the ground that the operation was one which he could not conscientiously allow an assistant-surgeon to perform. Yet he had resolved that the experiment on the woman should be made, affording some practice to a private friend or protegé. His alternative might have been to call one of the surgeons in chief. That was his duty to the patient. Instead thereof, he procured the attendance of a person who occupied no office in the hospital, and six months previously had been to St. Andrew's for a degree. The parties then procured instruments for conducting this rare and delicate proceeding, and having fairly seen all the medical officers who were then under the roof, excepting the apothecary, out of the hospital, and without giving the customary notice to any of the several pupils of the institution who were within call of the porter, but obtaining, instead, the presence of a couple of female servants and a clergyman (who, in the best spirit of his religion, contributed the vital fluid,) performed the experiment, and, as the surgeons afterwards pronounced, "bungled the case." The circumstances presently becoming known beyond the hole and corner in which they were transacted, the surgeons brought them before the governors, who, at a meeting of the Board, informed the physician that the case did not require immediate interference; that there was abundant time to send for either of the surgeons, who all lived nearer than the graduate of St. Andrew's; that to call in strangers (even former clinical clerks) to perform transfusion, was to proclaim, virtually, that the surgeons of the hospital were not competent men,—an announcement which it was not exactly within the province of the physician to make; and, finally, that the pupils were unjustly debarred from seeing the operation. We need relate the facts no farther. Perhaps the physician will report the case as a matter of science himself. There are always essayists in the literary world ready to enlarge the statistics of curious cases by gathering new contributions to their lists; so that the results would not be lost, in what-

ever form presented, and science itself jumps at such additions.

Before leaving the subject for the present, let us supply a brief report from one of those useful officers of medical police whom we have above indicated, to show what a field is open for their exertions. He writes from Westminster Hospital:—

"For abuses and improper management it would be difficult to out-do this hospital. It is surprising to behold a building so noble in appearance, with such excellent ventilation and beauty in its wards, unsurpassed in the metropolis, and men of celebrated names for its surgeons, with nothing, in fact, under honest arrangements, to prevent it from being one of the best schools of medicine in London, rendered so poor in its services to science and humanity. The greatest irregularity exists in the attendance of the medical officers; the patients are grossly neglected, and the duties which are owing to the pupils who have paid large sums of money for instruction, are not fulfilled in one tithe part. The medical officers during the summer may probably excuse themselves on the plea that that season of the year is intended for a vacation from medical studies; but things are just as bad in any other season. At all times there is a total neglect to occupy the beds with good and instructive cases; and the absence of clinical lectures on the part of the surgeons, renders the hospital no better in point of education than any common dispensary. The physicians have, certainly, on several occasions, endeavoured to form a plan for imparting clinical instruction, but their subjects are generally quite devoid of interest, and their remarks enveloped in obscurity, from want of proper histories of the cases, or any means of obtaining them. In fact, the 'go-a-head' principle is chiefly the one adopted, and whatever passed *yesterday*, no matter how interesting, there is no account of it to be had *to-day*, excepting at second hand, from those who were fortunate enough to hear or see what passed at the moment, nothing being recorded in writing to which pupils can refer. Thus the pupils, finding that they can derive but very little practical information from such teaching, endeavour to employ their time better elsewhere, and merely attend a few times to ensure a certificate. The industrious but unwary pupil who, on his first arrival in London, enters to the Westminster Hospital, either on account of its handsome appearance, or the names in its advertisements, soon finds out that his objects are completely disappointed, and hastens to make the best he can of a bad job by attending as much as possible the practice of the nearest hospitals; and when the time arrives for his examinations, he claims the necessary certificates from the hospital whose practice he entered to, in lieu of the money which he paid, while his education has been got elsewhere, or else he is very ignorant of his profession. Can anything be more deplorable as regards that science, the value and sublimity of which is so beautifully illustrated by Cicero:—

"Homines ad deos in nullâ re propius accedunt, quem salutem hominibus dando."

And, worse than all, the hospital, bad as it is, even retrogrades. There is not, at the moment of writing this (August, 1842), a single clinical clerk belonging to either the physicians' or the surgeons' department, nor any other means whereby the cases can be recorded, or a proper registry of them kept. Not a single fact is recorded, excepting occasionally some very meagre and unintelligible account of a 'rare' case, not described at half length, and therefore more likely to mislead than instruct those who resort to it for information; whereas there should, *at least*, be two clinical clerks, selected, annually, by competition, from the pupils, who should record every case at full length, legibly, in a large book, the hospital property, at all times open to the pupils for consultation and extracts, a most invaluable right on their part, as well a duty to the art of medicine itself. But instead of such regulations, there is an apothecary's boy, an innocent youth, occupying the place which should be set apart for this very desirable object, who pays the house-apothecary a certain sum annually for initiating him into the mysterious science of drug-grinding. Indeed, the apothecary himself is not content with teaching his pupils how to label and cork, confining himself and them to the premises set apart for their art, but he takes an active part in many things which are entirely beyond his sphere, and contrary to the laws of the hospital. Thus, instead of making himself generally useful and obliging to the pupils, he becomes a perfect nuisance to them. Who, however, can blame him for assuming a bold front in a hospital which is so entirely neglected by the superior officers? There is no moral authority to correct or amend what is wrong, and instruct those who are uncertain of their duties what limit confines them, and how far to be busy, and no farther. As regards the medical school, the hospital is a kind of curse upon it. The school is well supplied with teachers, and the great convenience of its internal arrangements renders it very superior for medical education; but it cannot flourish until the shameful defects at the hospital are corrected by the surgeons or the governors."

These judicious strictures deserve the perusal of every student in London; for in too many points they apply equally to affairs in other of the hospitals of London, and it is only prudent in those who are warned of

dangers to pre-ascertain their kind and amount, in order to possess any chance of combating them with success. In these institutions there should be elected among the students COMMITTEES OF OBSERVATION, to act on behalf of their constituents, to watch honourably, receive and investigate charges of grievances, report periodically, and memorialise for reforms, taking for the basis of their proceedings not only the advertisements of the teachers and lecturers, but some memorandum of the actual duties which those gentlemen and medical students respectively owe, each to the others, which it would be easy for the elder and abler amongst the latter to prepare, receiving for it the assent, based upon common sense, of the pupils generally. If they, with the independent medical press on their side, look not after their own rights and interests, who shall do that for them?

Being serious for so many pages, we can afford to finish with a laugh. At whose expense? —The self-dubbed "GREATEST MEDICAL REFORMER OF THE AGE" is surgeon to the very hospital whose unfortunate history occupies in the pages of our present number so large a space. Ha! ha!—"Dear HOVELL," how ludicrous he looks!

CHARING-CROSS HOSPITAL.

CLINICAL REMARKS ON A CASE OF OBSTRUCTED BOWEL, BY DR. CHOWNE.

You have just witnessed, Gentlemen, one of those distressing and impracticable cases which it is too probable you will occasionally meet with in your future practice,—a person in full health becoming the subject of insuperable obstruction in the bowels.

Francis L., age 21, fair complexion, rather slight, a picture-frame gilder, has always had delicate health; has been subject to spasm of the belly for the last two years, and to eructations of wind. He has been a steady liver: he used to relieve the spasms by taking a small quantity of brandy and tincture of rhubarb.

A few evenings since he supped from home with an acquaintance, and had for supper salt beef, plum-tart, and some ripe gooseberry-tart. Prior to his supper he had had pains in the bowels. He was presently after supper seized with an increase of pain, and the bowels acted: the pain seemed still to increase. He took, as in former attacks, a small quantity of brandy, with some tincture of rhubarb; and also took some castor-oil. He was still suffering a great deal of pain, became sick, brought up his supper, and from that time has been unable to retain anything on the stomach; felt a distressing sensation at his stomach, which he described by saying, he "felt as if there was water, wind, and spasm." He went to bed at the house of his acquaintance, but was extremely ill. He was sober when he sat down to supper, and was a very sober man. At about ten o'clock on the following morning he was conveyed to his home; still he had not had any relief from pain, and there had been no alvine dejection. A medical man was immediately sent for: this was the second day of the attack. Suitable medicines and enemata were administered, but without effect. On the following day (the third of the attack) he had a dejection from the bowels, which appeared to be natural: it was considered not to be scanty, and was deemed satisfactory. He took some effervescing drink, but fancied that it checked the disposition which appeared to have commenced in the bowels to act. His medicines were altered many times, to restore the action of the bowels, and enemata were again had recourse to. The medicines did not remain on the stomach; the enemata were not retained. The fourth and fifth day passed without relief. During the whole of this time the sickness was incessant and painful: he had also abdominal pain, and tossed about in bed; he laid at different times on the back and side, but still was tender to the touch; had fomentations to the belly. The medical gentleman attending him did not consider that he had had symptoms of inflammation. On the sixth day he remained in the same state. On the seventh day (Sept. 4,) he was admitted, the distressing sickness and constipation still remaining. Prior to his admission he had received very diligent and very judicious, although unsuccessful, treatment. The gentleman under whose care he had been, used the precaution of sending with him to the hospital a memorandum, stating what had been the remedies employed, a very useful and kind precaution in every way.

The patient, upon his arrival at the hospital, had an extremely anxious countenance; cheeks a little flushed; tongue furred; pulse rather accelerated, but not much, tolerably full and firm, not hard; was languid, and still sick; what was thrown from the stomach not fœcal; complained of pain in the abdomen and a distressing sense of obstruction, more the pain of strangulated hernia

than of peritonitis or enteritis; there was no inguinal tumour, however, nor protrusion from the umbilicus, nor any tumour within the abdomen, as if from intus-susception; his symptoms resembled very closely those of colica pictonum; but there was nothing in his trade calculated to produce that disease, nor could I trace it to lead from any other source.

In addition to ordinary active purgatives, ordinary enemata and a tobacco enema were administered to him at his home. He had purgatives in different forms after his admission, hot fomentations, plain enemata in large quantities, and enemata with oleum terebinthi. He had air passed into the intestines and a warm bath, but with no favourable results. The vomiting became still more frequent, the fluid thrown up stercoraceous, and prostration of strength extreme. To diminish the distressing sense of sinking which he suffered he had wine and brandy, and a strong cordial mixture, with ammonia. These seemed to afford him some present relief. The day on which he died was the eleventh after the attack.

The body was examined about seventeen hours after death. The surface appeared natural, with but few marks of decomposition, and these faint; the abdomen was very little enlarged. When the cavity was opened, it presented the omentum spread over the whole of the intestines; it was very thin and transparent, and extended to the pelvic region. It adhered on one side to the peritoneal lining as it passed over the brim of the pelvis; and on the other to the peritoneum lining the parietes near the abdominal ring; the adhesions were by adventitious membranes. It adhered also closely to the different convolutions of intestines on which it lay. The intestines adhered together in a similar manner, and at first sight as if by their own surfaces, without the aid of a connecting medium; there was, however, an intermediate substance, and the union was so complete as to require cautious dissection to separate the convolutions from each other. At those parts where the separation was effected without the use of the scalpel, and in doing so the intestines were strained a little apart from each other, this substance extended itself out into thin, pellucid layers, so thin and so smooth as scarcely to be distinguished from peritoneum.

The intestines appeared generally darker than common, some parts rather darker than others, but there was not any redness on the surface, the effect of inflammation. There was not in the cavity of the abdomen any effusion, serous or otherwise, and there were no deposits upon the surfaces other than that I have spoken of, as constituting the medium of adhesion, nor any purulent or other matter; the cavity of the abdomen was, indeed, peculiarly dry.

After a careful examination the cause of obstruction was discovered; a portion of false membrane passed across a large knuckle of the ileum; it was attached by one extremity to the parietes of the abdomen, and by the other to the surface of a portion of intestine deep in the abdomen. The intestine was not closely encircled by the membranous band, but was rather placed under it, yet in such a manner that transit through it was impossible.

The intestinal canal above the portion entangled in the membranous band was capacious, distended with flatus and the usual contents; below the stricture it was contracted and empty. The internal surface of the intestine was at many parts very much congested with blood. There were some very large patches of this description, in which the structure appeared to be thickened; the mucous surface, however, was bright and transparent, and without ulceration, or anything that could be attributed to inflammation; the part of the intestine in contact with the cause of obstruction was not strongly marked by visible change.

AMPUTATIONS IN THE SHOOTING SEASON.

To the Editor.—Sir, I observe with regret the daily accounts of loss to individuals by medical gentlemen adopting amputation in gunshot wounds, and deem it a duty to call your attention to the subject. The subject, I conceive, is not sufficiently understood by surgeons, and the consequence is that they adopt amputation as a course which is perhaps the least likely to endanger life; and, no doubt, in many cases it is absolutely necessary. But having been a sufferer myself, the surgeon said, "Let us save even but the little finger, it will be of use." And by his determination, in opposition to the opinion of others, I saved the hand which enables me to address you. I feel for those who may be placed in a similar situation, and I do think that a word from your pen on the subject would be of the greatest service to the public at large. I am led to advert to the point from reading of two accidents in the *Sunday Times*, of the 18th inst., where amputation took place. The case of Mr. Gladstone is the one to which I more particularly allude, it being apparently in every respect similar to my own. I have no connection with the medical profession, and mention the subject with the sole view that you may "save the little fingers" of some fellow-sufferers, as skill, experience, and attention preserved mine. Your most obedient servant,

R.

Billiter-street, Sept. 21, 1842.

*** "R." should have described minutely the nature and extent of the injury which he

sustained, and the mode of treatment which was adopted. Amputation, in cases of gun-shot wounds, is *not* invariably performed, but the operation, with all intelligent surgeons, is made to depend on the character of the injury. In some cases, doubtless, the operation might have been properly avoided; but in others it is equally well known that the omission of an operation has led to fatal results. As "R." has not been more explicit on the point to which he refers, we cannot pass any judgment in relation to the probabilities of an operation, or its avoidance, on similar occasions.

INTRA-COMBUSTION.

To the Editor.—Sir, It does not appear to me that Dr. Collier is entitled to claim the discovery of "intra-combustion." Although he states that the hydrocarbonous food of the Esquimaux is necessary to produce heat, and cites the fact of their animal heat being the same as ours, his conclusion is a mere hypothesis, adding but slightly to the theories of Black and Gregory, who are quite as much entitled to priority of claim as Dr. Collier. But in the great work of Liebig his theory is beautifully and perfectly demonstrated, not resting on a single fact, but proved by many. He shows why the food of the infant differs from that of the old man; that of the inhabitant of the cold climate from that of the hot; that of the savage from that of the Christian; that of the graminivora from that of the carnivora; in each case tracing the carbon and oxygen throughout the system, and showing, by analogy, how those elements combine, as well as observing the fact of the hydrogen combining with oxygen and nitrogen producing animal heat. His work consists principally of explanations of established facts, so that there would be little remaining to the honour of so great a philosopher, if all expected the same conditions as Dr. Collier. An eminent physician the other day mentioned to me that he had been in the habit for some years of pointing out to his pupils the use of so much air taken into the stomach with the saliva, embracing views similar to those which have been so clearly carried out by Liebig. The book is now so generally read, that I need not say more on the subject. Your obedient servant,

Sept. 28, 1842. J. W.

DR. COPLAND'S DICTIONARY.

To the Editor.—Sir, Nearly twelve months having elapsed since the publication of the seventh part of Dr. Copland's Dictionary, I take the liberty, through your widely-circulated and influential Journal, of calling the attention of the subscribers, the publishers, and the learned and able author, to their relative positions at this moment. Promise after promise, announcement after announcement, of *immediate* publication, have been put forth on the subject by the renowned publishing firm, yet the work, after a lapse of nine years, is yet not half completed. Surely the author is in honour bound to render some explanation of this fact. I am, Sir, your obedient servant,

A Subscriber.

Dublin, Sept. 22, 1842.

*** It is usual for the editor to distribute a portion of the labours in the production of encyclopædias and dictionaries to other hands besides his own. In the present instance we believe that Dr. Copland has persisted in attempting to do all the work himself, to render it literally a "Dr. Copland's Dictionary," and has found himself unequal to the task of punctuality. This personal exertion may have been very right in intention, and may prove advantageous to all parties in its ultimate results. Moreover, experience has often proved that such works, even when constructed by numerous contributors, have dragged their length along very much more slowly than was promised at the first. But Dr. Copland should have made no announcement of his Dictionary until it was ready for the printer's hands, and then, if he or the publishers thought it more politic to issue the work in parts, that plan might have been adopted, and all delay in the issue prevented. This mode offered no hindrance to a complete revision of each article before going to press, from time to time, in order to bring the parts up to the existing state of our knowledge on the subjects described. What new promise has the worthy doctor to make on the subject?

FAILURE OF CATECHU TO CURE SORE NIPPLES.

To the Editor of The Lancet.

Sir,—In compliance with the request of Mr. Farr, I beg to forward two cases of sore nipple which were treated with the tincture of catechu, the result of which is as diametrically opposite to those reported by Messrs. Pye Chavasse and Hopgood, as the north is to the south. In the first case, the lady's nipples were large, swollen from inflammation, and fissured from the base to the summit; and such was the degree of pain she suffered in suckling her infant, that she was obliged to stand with her back against

the wall, and push against it with all her might, in order to afford her relief. The infant was three weeks old when she began to complain of her inability to suckle it, from the state of the nipples, and she was obliged, instead of suckling it several times a-day, as is the custom, only to do so once, in consequence of the pain which that office gave her. The tincture of catechu was applied to the nipples by means of the camel-hair brush, according to the directions of Mr. Farr, which, certainly, had the effect of hardening them, and that to such a degree as to obstruct the flow of milk, but without any relief of pain, or other beneficial result. The remedy was persevered in for three days, when, finding no advantage to arise from it, she discontinued its further use, at the same time stating, that, instead of making the nipples better, it made them worse.

In the second case, the nipples, which were as naturally small as the nipples were unnaturally large in the first case, were also inflamed, and fissured; the inflammation and fissures extending over the areolæ surrounding them. The tincture of catechu was carefully employed, and its effects watched from day to day. It was attended with as little benefit in this case as in the first. The remedy was continued for ten days, with the only effect of increasing the inflammation, and rendering the fissures larger.

With respect to these two cases, the latter may be considered as one in which the virtues of the tincture of catechu have had a fair trial, and in which it failed to afford any relief, so that I fear that the sanguine expectations of Mr. Farr respecting this remedy in the cure of sore nipple will not be realised. The former cannot be considered as one in which the tincture of catechu has had a fair trial; and, therefore, is not conclusive evidence against its value as a remedial agent in this disease, as it was only tried for three days, but during the time that it was tried, it failed to accomplish the object for which it was employed. I shall continue to try the tincture of catechu in the next cases also that come under my notice, and shall feel pleasure in communicating the results (favourable or unfavourable) to the pages of THE LANCET. I remain, Sir, your obedient servant, R. DAVIS, Surgeon.

Worship-square, Finsbury,
Sept. 8, 1842.

SOME FOREIGN SURGEONS.

A FEW days before I left Paris, M. Roux insisted upon my witnessing some of his operations for the last time. In walking with him from the hospital, speaking of his frequent performance of certain operations, he stated to me that he had extracted the cataract more than six thousand times; and having just witnessed him perform the lateral section of lithotomy, he added that he ought to be expert in it, having performed that important operation about SIX HUNDRED TIMES! My next interview was with Velpeau, in the noble *Hospital of la Charité*. Velpeau, from the humblest beginning, an uneducated, poor boy, has, by his own efforts and ambition, risen to the most distinguished rank in his profession. He is the best-read surgeon I have ever met with.

At the *Hospital of Necker* presides the unrivalled Civiale, the projector of that master-innovation in the treatment of calculus, *Lithontrity*. All the men I have ever seen, for delicacy of tact, and adroitness of execution, he surpasses. It is impossible for any one to imagine the highly-finished style of his manipulations. For the honour of mankind he has been richly rewarded for his discovery, and amassed a fortune which is not exceeded by that of any of his brethren in the French capital.

Immediately following the death of Broussais, a bronze statue of that eminent physician, of the size of life, was cast by order of the Institute. I saw it at the foundry. He is seated in his library; his noble form, stern as he looked. Under one foot lie the ponderous tomes of *Hoffman*, *Boerhaave*, *Van Swieten*, and *Cullen*. In his right hand were the volumes of his own physiological medicine. Great as was the merit of Broussais, is it not consummate folly to represent him as having annihilated, by the pen, such treasures of wisdom and experience, as are scattered through the pages of these immortal authors?

At the age of almost *fourscore*, Baron Larrey, having survived a *hundred campaigns*, reposed upon his laurels in his favourite capital. Did ever any man witness the tenth part of the bloody scenes of battle that he has participated in, in the midst of such awful carnage, from the sands of Egypt to the close of the drama at Waterloo? He told me on one occasion, that for twenty years of his life he slept, it may be said, on the same straw, and was wrapped in the same cloak, with his great master, Napoleon. As an illustration of his immense experience, he told me that he amputated *fourteen arms* at the *shoulder-joint* the morning after the battle of *Wagram*, and that he performed more than *two hundred amputations* after the battle of Austerlitz, when his knife fell powerless from his exhausted hand.

The Netherlands has produced men of great merit in our profession; among whom is Mr. Seutin, the author of the new system of healing fractures, now much adopted in that country and in France, donominated "*La Bandage Immobile*," so called from the starch with which the bandages are saturated, forming, when they and the successive layers of pasteboard are dry, an immovable encasement to the limb. An admirable contribution to practical surgery under many circumstances; but many sur-

geons, with great justice, will object to the immediate application of this apparatus at the moment of the fracture, from a fear of the perfectly inelastic character of the *appareil*, and the natural tendency that there is to vesications and excoriations when a recent fracture is too tightly bandaged, and the heat thereby accumulates. From instances which I have known of severe inflammation caused by this practice, extending frightfully through the limb, and from suppurations permanently impairing the functions of motion, I would advise great circumspection in the use of it immediately after an accident. But unquestionably, after the inflammatory symptoms have subsided, this process adds vastly to the comfort of the patient, and abridges greatly the irksomeness of confinement. Seutin, however, stoutly maintains that an important part of the efficacy of his method consists in its immediate application after an injury. In army practice, where soldiers are to be transported, and in civil life also, under proper circumstances, Seutin's method will be in every point of view justified. As for myself, I admire the simplicity of the admirable dressings of the modern father of military surgery, Baron Larrey. His flat and cylindrical cushions of rolled-up straw, sewed in common linen cloth, composed thus of materials accessible on all occasions, and which are placed longitudinally next to the limb and beneath the splints, forming with the latter an open framework around it, have an advantage over all other dressings, by their elasticity, coolness, and cleanliness, and at the same time giving an opportunity for the limb to be daily examined. This cheap apparatus is, in fact, an imitation of Nature herself, by which the antagonist powers of the long muscles, in an unfractured healthy limb, exert, like so many levers, a proper equipoise of extension and flexion in preserving the bones in a correct position upon their hinges or joints.

When about to leave, I accepted a single *clavicle*, which had belonged to the illustrious Meckels. I once *exsected* the *clavicle* through its entire extent for a tremendous *osteo-sarcoma*, this operation never having been performed before. From the character of the vessels and parts involved in its steps, it is the most difficult and dangerous operation that can be performed on the human body. The patient still lives. It has only been performed successfully once since.

Among others at Vienna who are endeavouring to advance medical science at the bedside, and in autopsic examinations, are Rokitansky and Dr. Akoda. The former, professor of pathological anatomy, has, after years of application, recently published a work, which, being a description of what he himself saw in *twelve thousand dead bodies*, and a well-digested theory of the greater number of morbid processes, which he has minutely traced throughout their stages, will form an invaluable accession to pathology and therapeutics. Akoda, now *Primarius* in the General Hospital of Vienna, has, after a number of years of the most laborious application to percussion and auscultation, brought out a great work on those modes of applying the principles of *acoustics* to the illustration of pathological phenomena, which probably will give it the presidence over all others. It is founded wholly on his own observations on the living subject, confirmed by numerous post-mortem examinations. Akoda believes that he has succeeded in reconciling nearly all the phenomena of respiration, the circulation, &c., with the laws of physics, as they are observed in inanimate matter. Dr. Fisher, an American physician, is engaged in translating both works into the English language.—*Dr. V. Mott's Travels in Europe and the East, New York*, 8vo, 1842.

EXTIRPATION OF THE PAROTID GLAND.

A VERY interesting and remarkable fact, with which I became accidentally acquainted, was this,—that in cases where the operation of extirpating the gland was deferred till the day succeeding the application of a ligature on the artery, there is much less danger of hæmorrhage than where both operations are performed on the same day. I suppose that the arteries, in the former case, have sufficient opportunity to contract, and, of course, have the volume of blood diminished. The parotid gland, then, can be extirpated. This has been denied by several surgeons of distinguished rank. One of my old fellow students at Edinburgh, Dr. Gibson, of Philadelphia, maintains that this gland cannot be extirpated, and that no man has ever done it. Dr. Pattison, my colleague, and Dr. Gibson, quarrelled about this very thing. The consequence was, that Dr. Pattison gave a lecture on the subject, and it was published by the students, and in it the doctor cited a number of cases in which European and American surgeons performed the operation. Some of the operations, to be sure, have not succeeded. Time is a terrible truth-teller. Among the operations in this city, one was performed by a gentleman who has paid the debt of nature. I mean the late Dr. Bushe, who asserted, after some years' practice, that he had twice performed this operation. With both these cases I am familiar, and in neither was the gland extirpated. Men may be sometimes mistaken about these things. The next case was by Dr. Maclellan, of Philadelphia, well known for his surgical attainments and skill. I understand that this same gentleman has, within a few weeks since, again performed the operation. Dr. Knight, of New Haven, has also, I am told, performed it. It has been done frequently

in England, Scotland, Ireland, and on the continent. Mistakes about the extirpation of the gland have no doubt often arisen in consequence of tumours in the immediate neighbourhood of the gland being mistaken for that organ itself; or in cases of enlargement and removal of the "socia parotidis," the same mistake may have occasionally arisen. —*Dr. Valentine Mott's Lectures, New-York Lancet*, 1842.

PERCUSSION OF THE HEART—May be performed in a variety of ways. In the first instance, percussion of this organ was attempted in a very rude way, by striking the chest with the fingers. In some affections of the lungs, such for instance as well-marked cases of pleurisy, this mode is well enough, but in regard to the heart it is not worth a fig. Piorry, of Paris, was the first who brought this to any degree of perfection; he introduced an instrument called the "plessimeter." This was a great improvement on the old method, and all the subsequent improvements have been made on this principle, called the "mediate," in contradistinction to the "immediate" percussion. Some use India-rubber plessimeters, and Louis among them; but the best thing is the forefinger of the left hand, and when once accustomed to use it, you will throw away every other sort of plessimeter. One thing is, you always have this about you. Another great advantage is, that it fits into all the depressions on the surface of the chest, all the interstices between the ribs; and you also in this way get a much better idea of the elasticity of the parietes. Drs. Canmann and Clark, of New York, invented a new way of percussing the heart. Their theory is simply this, that the sound generated in a solid body like the heart is more directly transmitted to the ear through another dense body, than if permitted to arrive at the ear without that interposition. You apply it over the centre of the organ, then percuss, and as you recede from this point, the sound recedes.—What sound? When you percuss over the organ, you have what may perhaps be described as a metallic shock; the moment you leave the heart and get on the lungs, that moment this characteristic shock ceases. You mark it above, below, or on each side; and then by drawing lines, first vertically, and then horizontally, you get the four diameters of the heart, and you may thus, as Drs. Canmann and Clark have shown in their tables, ascertain to a line whether the heart is larger than natural. The importance of the information thus acquired will appear in enlargement of the heart.—*Dr. Sweet's Lectures on Diseases of the Chest, New York Lancet*, 1842.

THE THEORY OF CELLS.

Modern physiology is rendering it probable, that not only every tissue of every plant and animal, but the secretions and other products of organised beings, are formed by the spontaneous evolution of transparent vesicles, or cells full of fluid, containing the germs of future cells, which are subsequently formed within them, possessing a power of absorption by which they increase through appropriating matter from without, and of transformation, both with respect to their own form, and of these absorbed materials; and that it is by the living power of the cells that the nutrition and reproduction of the tissues goes on, in short, that all those changes are effected by which we recognise the presence of life. The beauty and simplicity of this theory are unsurpassed. It seems to mark a new era in physiology, and the evidence in its favour is such as almost to make it rank among the established facts of science. As regards reproduction, while the lowest organised beings (as the yeast-plant) consist but of a single cell, by the multiplication of which they increase and are propagated; so we conclude, that while in them the simplest expression of a living being is a cell, the same holds true with respect to the higher ranks of plants and animals, and even man himself. That the embryo is formed by the union of two simple cells, which include within them, not actually, but potentially, the future being; that is, which have within themselves a living energy, capable of successively forming the parts of such a being, from the nutritive materials absorbed from without; and thus, that *organised life*, that which man possesses in common with plants, is identical with the powers of the microscopic elementary cells of which his body consists. The bearing of this theory on pathology tends to show that many diseases may arise from a perverted state of the vital action of cells; and that others, *porrigo* for instance, evidently depend on the formation of abnormal cells, putting on the aspect of organised beings of the lowest class. The subject is one of extreme interest and practical importance.

Stumps.—Dupuytren originated a method of managing the stump, which has been keenly advocated in this country by Mr. Liston. Instead of bringing the surfaces together immediately after the ligatures are applied, the patient is removed to bed, and the wound covered with lint wetted with cold water. After six or eight hours, when the bloody oozing has ceased, and any coagula are removed, which may have been formed, the stump is dressed. It is alleged that this method diminishes the risk of secondary hæmorrhage, and is consequently safer than that usually followed. That ha-

morrhage does occasionally occur, when the patient, from being in a state of collapse on the table, has become heated in bed, is unquestionably true; but if the most important blood-vessels have been carefully secured, its occurrence is too unfrequent to justify a surgeon in resorting to such a harsh expedient as I consider dressing *a deux temps* to be. Notwithstanding what has been said to the contrary, I am satisfied, from the few cases in which I have seen it tried, that the patient suffers nearly as much from the continued anxiety and alarm, joined with the pain of the dressing at the late period, when the parts have become swelled, more or less inflamed, and acutely sensitive, as from the operation itself. When secondary hæmorrhage does unfortunately occur, the patient will suffer less from the separation of the edges, and the application of a ligature to the bleeding vessel, than from the alternative which Mr. Liston has suggested. Everybody knows that very slight pressure often arrests hæmorrhage from arteries of the third and fourth importance, and the mere pressure of the flaps will close up many vessels from which more or less blood will issue if left covered with wet cloths. Debilitated patients frequently fall into a refreshing sleep, after an operation. An event so highly desirable cannot happen when the dressing is delayed, as the patient is in perpetual excitement till he is satisfied all is over; he cannot know all the steps of the operation, and after having borne the amputation, he must be excused for exhibiting incredulity, when told that the subsequent dressing is not painful. The plan has been tried by many practical men, and very generally condemned.—*Mr. A. King on Amputations*, 1842.

PICTURE OF INSANITY.—RUSSIA.

The following extract from Kohl's recent work on Russia, shows that the gentle treatment lately introduced into some of the lunatic hospitals of this country has already been adopted in Petersburg:—

"The behaviour of the attendants is polite and courteous; every fresh patient is received very respectfully, and first taken into the society of the most rational of the lunatics, who have likewise acquired the same tone of politeness. Here he is shown the interesting collections and productions of art; refreshments are brought him; he is invited to a game at billiards or backgammon, or may converse, if he likes it better; he is indulged in everything as far as possible, and thwarted only in that which might be hurtful to him. Employment, the beauties of nature, pleasant society, and recreation; and, on the other hand, darkness, solitary confinement, and ennui, are the principal engines employed to excite and to encourage, to soothe and to tame. Next day, therefore, the new-comer is conducted to the work-rooms of the patients, where they are engaged in carpenters' and pasteboard-work, spinning, knitting, sewing, embroidery, &c., and asked whether he likes any of those occupations. If he takes a fancy to one or other of them, pains are taken to teach it him, as it were in play; but if he shows, and continues to show, an aversion to all kinds of bodily exertion—intellectual employment, reading in the select library of the institution, is allowed to those only who are far advanced towards a cure—he is led out of the work-rooms, lest, as it is observed, the industrious gentlemen there should be disturbed, and taken to a solitary apartment, where sometimes he is attacked ere long by ennui. If he complains of it he is led back to the work-rooms, and repeatedly invited to join in some of the operations going forward there, with a promise that he shall then join in the pleasant tea-parties also. If he is not susceptible of ennui in the light room, and persists in apathy or begins to be violent, he is shut up in the cushioned room, from which even the most outrageous soon wish to be released, because the very maddest persons feel the need of light in their wildest undertakings, and darkness seems intolerable even to the most frenzied imagination. A particular diary is kept about every patient; also concerning his work, for which a small sum is allowed him, that the insane, seeing the profit accruing to them from labour, may be instigated to greater industry. Most of the men employ themselves with pasteboard-work, a trade which is easily learned, and the products of which, as they speedily lead to some results, are not long in affording pleasure and profit. Of the one hundred and thirty patients in the house in 1835, fifty were dismissed, half of them cured, and the other half, as incurable, delivered up to their friends, at the desire of the latter; and twenty-four died in the course of the year."

DIET IN INSANITY.—On the whole, the general phasis of insanity in 1841-42, at the Montrose Lunatic Asylum, was mild, and betokened rather debilitating causes, than such as roused the faculties into tumult. There was, consequently, little temptation for lowering the system, to abate morbid activity, and not the slightest reason to test the efficacy either of bodily coercion or terror, now happily fallen into nearly universal disrepute. Not one required blood-letting, or was subjected to restraint; on the contrary, generous nourishment and the utmost lenity and indulgence were dispensed. In the plain yet cogent language of a document that has lately reached me from a distant land, "All experience in insanity," says the su-

perintendent of the Boston Lunatic Asylum in America, "agrees in this—the great advantages of a good diet. The depressed physical condition of a great majority of lunatics at once suggests substantial nourishment as the first step in the remedial treatment. The deplorable results of the experiment of light and farinaceous diet, made in the Lunatic Hospital in Paris during the French Revolution, and in one of the extensive hospitals in England at a later day, entirely sustain this position. Insufficient nourishment invariably increases the excitement of the brain, and never is an insane or a sane man more quiet and less dangerous than when left to the calm digestion of a good dinner."—*Report of Dr. Poole, Med. Sup. Montrose Lunatic Asylum, June*, 1842.

Carbuncle.—This peculiar form of mortification, remarkably enough, does not occur in the extremities, but only on the body. Something is learned by this. It is not common debility. As it is attended with deep sloughing of the cellular membrane, it requires free and early incisions. Give a calomel purge, followed by ammonia, bark, and wine; the treatment being that which is proper to the putrid fever. To the part apply poppy fomentation, with sal ammoniac, or spirits of camphor; the cataplasm to be of wine, or effervescing poultice. It is a very dangerous condition, and requires immediate and unremitting attention, lest the patient sink. It is often combined with visceral disease. If this be the case with a large carbuncle, there is great prostration and syncope, vomiting and delirium. Do not mistake, and alarm yourself with a bad boil or livid pustule; but observe, that in the peculiar constitution to which true carbuncle belongs, abscess, for example, by the anus, and in the perineum, possesses much of its character, and requires the same attention. The affection of the pudendum, to which children are subject, comes under this head.—*Sir Charles Bell.*

Effects of Pure Air on Disease.—In the ventilation of hospitals, there are circumstances not sufficiently known. The design should not merely embrace an ample supply of air, but its proper temperature. By a person in health it appears that 55 pounds per day are consumed or vitiated; and there is a strong probability that the weight rendered poisonous in the height of a fever is much greater. If the most important consequences in medical treatment be obtained by a slight alteration in the quantity or the description of the food, which, by weight, is but a fraction of the quantity of air, there is ample room to imagine that any alteration in the air may proportionately influence the patient. The ventilation, the temperature, the moisture or dryness of the air to patients, should be placed as much under control of the medical officers as any article of nourishment, and they should have the means of testing by experiment the effects of what may be termed *artificial climate*, in the treatment of various diseases under their care.—*Mr. Mackain on Ventilation.*

It is highly amusing to see in the newspapers, (one published in the morning, another in the evening, and the third next day, advertisements), bulletins, and announcements of the following kind:—

"We regret to say that the excellent Marquis of Wellesley was on Friday taken seriously ill, but are happy to announce that he is *assiduously attended by Doctor* Chambers *and Mr.* M'Cant."

"Kingston-house, Knightsbridge, Saturday evening, Sept. 24. The Marquis of Wellesley is *rather better* to-day. Wm. Chambers, M.D."

"Yesterday, Sept. 25, departed this life the most noble the Marquis of Wellesley."

The thoughtless engineer often gets a "hoist with his own petard."

BOOKS RECEIVED.

Report of the Directors of the Montrose Lunatic Asylum, Infirmary and Dispensary, (instituted 1781,) for the Year ending June 1, 1842. Pp. 44.

CORRESPONDENTS.

A Greenhorn.—No; it ceased to act on the formation of the Parliamentary Committee of Inquiry, in 1833. The diploma merely conferred an honorary distinction, and did not bestow any legal right on the practitioner.

A Non-Medical Subscriber.—We cannot consent to notice the proceedings, even to condemn them. The parties would be glad even of the notoriety which censure in our pages would confer upon their trash. Already, in some instances, unprincipled vagabonds of that class have sought to reap new profits from the exhibition of their villany.

The note of *D*, next week.

The communication of Dr. Hutchinson, on Idiopathic gangrene, in an early number.

For two or three short notes on the same subject, which we shall insert, *and* the long and humorous emanation of *Epsalon*, we shall not have room. All that is needed will be effected by the notes.

A Constant Reader.—The fellows *want* to be whipped. They covet the notoriety of the cart's tail. We shall not gratify their covetous taste.